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● VOLUME 38  
NUMBER 1

JANUARY  
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# THE CANADIAN NURSE



● Miss Elizabeth Smellie  
Matron-in-Chief in Canada  
R. C. A. M. C.

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(1) 1932. J. Am. Med. Assoc. 98, 1429.

1938. Nutrition Abstracts and Reviews 8, 281.

1938. J. Am. Med. Assoc. 110, 650.

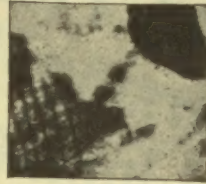
1940. J. Am. Diet. Assoc. 16, 891.



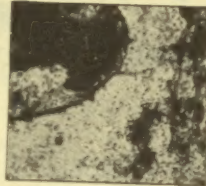
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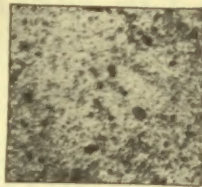
These three photographs shows stools of normal infants (diluted 7 times with water and stained with Lugol's solution) 100 times magnified.



Stool of normal infant fed home-strained vegetables. Some of the food is undigested. Many coarse fibres are also seen.



Stool of normal infant fed commercially-strained vegetables. Here, also, some food has not been completely digested. Note coarse fibres that may cause intestinal irritation.



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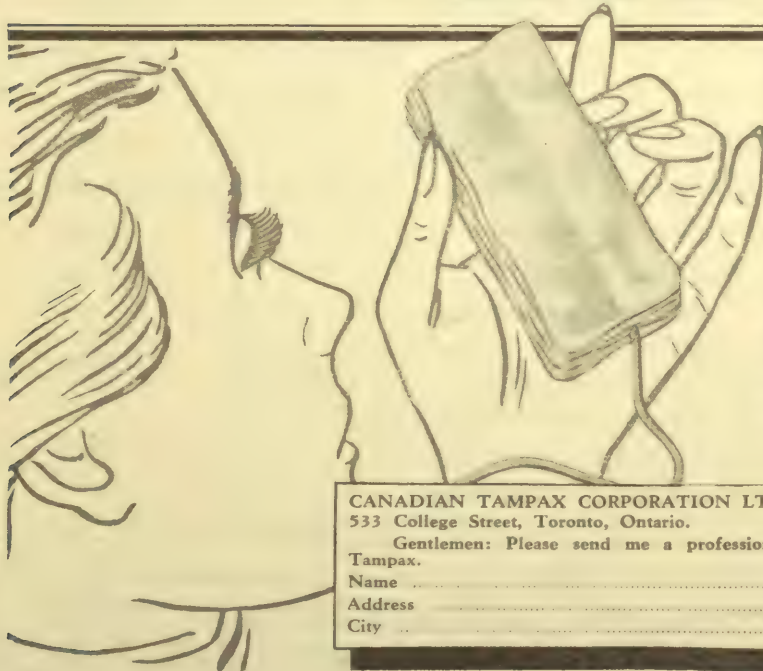
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## CONTENTS FOR JANUARY, 1942

FAITH AND COURAGE	- - - - -	G. M. Fairley	15
NURSING IN CHEST SURGERY	- - - - -	E. Jordison	17
A WELL MERITED RECOGNITION	- - - - -	- - - - -	22
NURSING SERVICE IN SMALL HOSPITALS	- - - - -	G. M. Hall	23
LETTERS FROM SWEDEN	- - - - -	E. Lyster	26
MISS MARTIN MAKES A TIME STUDY	- - - - -	G. M. Hall	30
R. C. A. M. C. NURSING SISTERS IN HONG KONG	- - - - -	- - - - -	32
NOTES FROM THE NATIONAL OFFICE	- - - - -	- - - - -	33
THE HEAD NURSE'S SHARE IN WARD TEACHING	- - - - -	M. J. Denniston	36
HEALTH TEACHING	- - - - -	H. Brown	39
A FORWARD STEP	- - - - -	- - - - -	40
KLA-HOW-YA, TILlicum!	- - - - -	- M. E. Kerr	41
PUBLIC HEALTH NURSES IN CANADA	- - - - -	M. E. Kerr and L. M. Creelman	42
THE POINT OF VIEW OF THE REGISTRAR	- - - - -	P. Brownell	44
A WORD TO THE REGISTRAR	- - - - -	H. M. Jolly	46
BOOK REVIEWS	- - - - -	- - - - -	47
BROMIDE INTOXICATION	- - - - -	A. O'Connor	49
NEWS NOTES	- - - - -	- - - - -	52
RENDEZVOUS	- - - - -	A. Brooke	62

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## MEDICINE, *too, had its heroic days*

THE "gilded cage" of ten to twenty bedrooms, with but a single small, ill-ventilated "water-closet," held many a martyr to constipation or its alternative of the mid-Victorian era: Grandma's nauseating brews, or the doctor's unrefined castor oil or calomel.

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# Reader's Guide

According to established precedent, the President of the Canadian Nurses Association, **Grace M. Fairley**, sends a message of faith and courage for the New Year. We are also indebted to Miss Fairley for allowing us to publish the inspiring verses, written by Audrey Brooke, which appear on the Christmas card of the **South African Trained Nurses Association**. These will be found on page 62.

---

Not long ago, the editor had an opportunity of talking with the staff nurses of the Toronto General Hospital, and of asking their help in securing original and stimulating articles dealing with clinical nursing. That very evening, a committee was formed with Miss Mary Macfarland as chairman, and, as a result, we proudly present an excellent article on nursing in chest surgery, written by **Emma Jordison**, head nurse in one of the surgical wards of the Toronto General Hospital.

---

As we anticipated, Beatrice Andrews' article on nursing service in small hospitals has stirred up a lively discussion. In this issue, **Gertrude M. Hall** defines, in masterly fashion, the educational factors which are involved. Comments, in support of Miss Andrews' point of view, will appear later.

---

In successive issues, **Elizabeth Lyster** will give the readers of the *Journal* the pleasure of sharing an adventurous journey. Miss Lyster is a graduate of the School of Nurses of the Royal Victoria Hospital, Montreal, and at present is taking courses offered by the McGill School for Graduate Nurses.

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In the December number, and under the caption of "Finding the Time", **Gertrude M. Hall** sets the stage for a time study of nursing procedures. She now offers facts and figures which are worthy of close attention and should be carefully checked by ward supervisors and head nurses.

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In the first issue of the New Year, we are very proud to present the first of the Special Pages sponsored by the General Nursing Section of the Canadian Nurses Association. For the present, these will appear quarterly, and the initial Page offers the point of view of the registrar, presented by **Pearl Brownell**, and a comment from a private duty nurse, by **Helen Jolly**. Miss Brownell is the extremely competent registrar of the Doctors and Nurses Directory, in Winnipeg, and Miss Jolly is a highly successful private duty nurse, in Regina, Saskatchewan.

---

Under the auspices of the Public Health Section of the Canadian Nurses Association, a most valuable continuing survey is being carried on regarding the qualifications of nurses engaged in various branches of public health service. The latest findings are presented by **Margaret Kerr** and **Lyle Creelman**, who are, respectively, chairman and secretary of the Section.

---

The most valuable members of any hospital staff are the head nurses, and **Margaret Denniston** offers a sensitive interpretation of the indispensable contribution they make to nursing education. Miss Denniston is assistant superintendent of nurses in the University of Alberta Hospital, in Edmonton. **Helen Brown** presents some practical suggestions on health teaching as carried on in the oldest school of nursing in Canada. Miss Brown is instructor in the Mack Training School of the St. Catharines General Hospital.



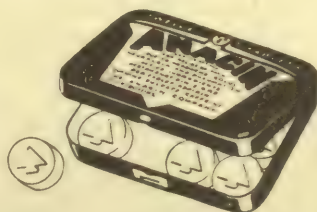


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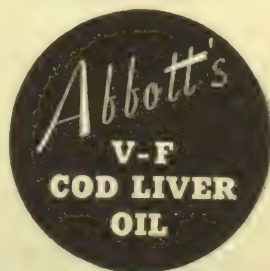


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# The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA  
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT

NUMBER ONE

JANUARY, 1942

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1942!

## Faith and Courage

To all members of the Canadian Nurses Association, at home and overseas, I bring my personal good wishes as well as those of the Executive and the Staff. Standing on the threshold of a New Year, another year in war time and, even as this message is written, with war-clouds spreading ever further and deeper, it is no easy matter to say that I hope this year, this 1942, the third year of hostilities, can hold any great measure of happiness for you either individually or as an Association. Believe me, dear members, my prayers go out this day *to* you and *for* you. You, and we, are all carrying personal anxieties at this time, known only to ourselves. It is that you may have faith and courage for these days that lie ahead that I now pray and also that you may retain that

happiness that is the outcome of satisfaction in the work you are now doing.

You must all be concerned with the part that our Association is playing in Canadian affairs, and for this reason one cannot ring down the curtain on 1941 without bringing forward some of the accomplishments of that historic year, because 1941 did make history. The vested authority granted to your officers has been guarded carefully. It did make it possible to take definite action as a result of the rapidly changing national picture. Two important and representative Executive meetings were held in Montreal and, at one, for the first time, the Departments of Nursing of our Canadian Universities met in conference with, and at the invitation of, the Canadian Nurses Association to see in what

way they could help in meeting the rather extraordinary situation that our profession is now facing.

As a result of the recommendations that this group presented (and also for the first time) the Association approached the Federal Government for financial assistance. The occasion of this approach was an interesting one, and those present, I am sure, wished that you could have looked in. Our delegates sat around a table in the large board room in the offices of the Minister of Health. They presented a Brief which would show those who are carrying the load of the Dominion's responsibility that Nursing, as a national service, is second only to the Active Forces, and that its present crisis is the result of the national demands being made of it. That Brief is now before the Government for consideration. We are anxiously awaiting the outcome.

Any success that may result from our appeal is due in no small part to the courtesy of the Ministers who received us and who listened thoughtfully and sympathetically to the presentation of our urgent needs. They were the Hon. Ian Mackenzie, Minister of Pensions and National Health, and the Hon. J. T. Thorson, Minister of National War Services and, in a very special sense, Senator Cairine Wilson who introduced the delegation. As a result of her great interest and understanding of Nursing and its relation to the present national situation, the way was made very easy for the Canadian Nurses Association members to present their problem. The Brief was prepared by members of the committee charged with the responsibility of approaching the Government. It is indeed an historic document and, while the result is not yet known, one thing was evident—the grasp of the whole picture left with the Ministers,

and also their realization that Nursing, as one of the major health services, must be given due consideration in dealing with either immediate or post-war problems.

What of the New Year? One of the primary recommendations, in an effort to stabilize Nursing Service throughout the Dominion and make us the more ready to accept national responsibility, was the appointment of an Advisor who would make personal contacts with the Provincial Associations and with such bodies within the provinces as might strengthen provincial effort. This appointment has been made, and we hope that early in January Miss Kathleen Ellis, B.Sc., Professor of Nursing, University of Saskatchewan, will assume this interesting office with its vital opportunities. The Provincial Associations will be asked to make similar appointments in an effort to follow up and correlate the work of the National Advisor.

This year also sees the completion of another biennial period and it is with great interest and pride that we plan the 1942 General Meeting to be held in Montreal, during the tercentenary celebrations of the arrival of Jeanne Mance, the Founder of Nursing in Canada. Great demands may be made of us during 1942, but I know we will be ready to accept any additional responsibilities, whether national, provincial, or local.

Our prayers go out for the safe-keeping of our Sisters overseas and to every member of the Canadian Nurses Association goes a most sincere wish for their happiness this year—may it bring peace and understanding to the peoples of this war-torn world.

GRACE M. FAIRLEY,  
*President,*  
*Canadian Nurses Association.*



# Nursing in Chest Surgery

EMMA JORDISON

Surgery of the thorax developed much later than that of most other parts of the body. With better and increasing knowledge of the physiology of the chest and the pathological conditions occurring with the cavity, a very rapid development of new surgical measures has taken place, especially during the last fifteen years. Many people suffering from diseases of the lung and other structures within the thorax, are now easily and sometimes dramatically cured. They are no longer doomed to years of invalidism or, if they have bronchiectasis, social ostracism.

The common operations of the thorax are: rib resection, intercostal drainage, thorocoplasty, pulmonary lobectomy, pneumonectomy, and removal of tumour from the thoracic cavity. Rib resection or intercostal incision are used in drainage of empyema and lung abscess. Patients suffering from these conditions are usually dehydrated and toxic so that fluids are administered by intravenous; in severe cases an indirect transfusion of blood is necessary. The operation is usually done under local anaesthesia and moderately heavy sedative. Two types of drainage are used—open and closed. In open drainage, a short tube or packing is introduced into the opening to insure easy escape of purulent material. The tube is cut off at the level of the skin edges and kept in place by inserting a safety pin through the end and, with strips of adhesive, securing the tube to the chest wall.

Closed drainage is used to drain large cavities and is a means of closing the cavity by filling it with lung tissue; it is also used where there is too much drainage to be absorbed by dressing

pads. The tube extends from inside the chest wall into a bottle, partially filled with 1 percent lysol, hanging two feet below the chest level. The fluid from the cavity drains under the solution, and because nothing replaces the drainage, negative pressure is produced, and the lung is gently pulled down to replace the fluid. The end of the tube must never be exposed; if this happens, air rushes into the cavity, causing pneumothorax and shock to the patient. Serious bleeding may occur from vessels in the chest wall, or from lung abscess. If medical aid is not at hand, all tubes and packing should be removed and the cavity packed with dry gauze. This will usually control the bleeding; the patient should then be placed with the head low, and given morphia to allay restlessness and fear.

If the patient has closed drainage, care must be taken that the tube does not become clamped off. When this occurs, and the patient coughs, pus will be forced into tissue surrounding the opening and the virulent organisms present in drainage will set up severe chest wall infection. This accident may be prevented by having the patient lie on two pillows with the tube passing between them, or on an air ring with the tube running through the centre. The tube must never be pinned to the bed, because of the danger of the tube being pulled out by sudden movement. Closed drainage is maintained until the drainage may be handled by dressing and the cavity is closing. Little sedative is required if drainage tubes are properly in place. Pain is usually relieved by codeine in appropriate dosage.

Open drainage is watched for signs



*Arrangement of dressings*



*Drainage into bottle*

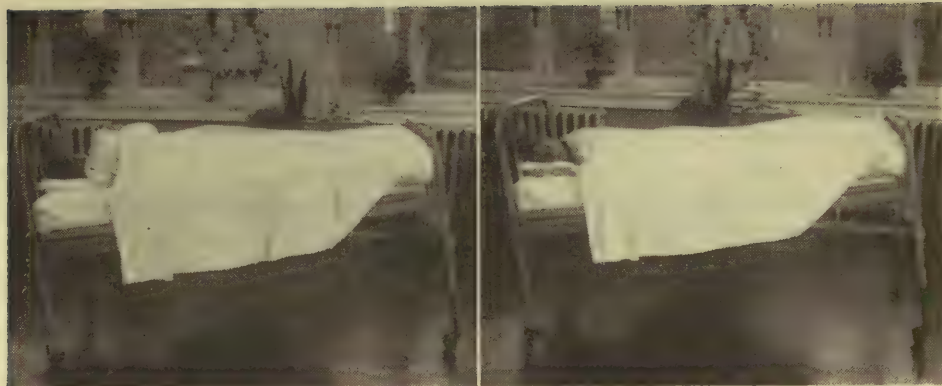
of blocking or misplacement of the tube. The patient's condition quickly changes when this occurs, discomfort increases and pulse and temperature rise. The replacing of tube and packing is done by a doctor and it is important that this is done quickly. Openings into the thorax close rapidly after the removal of tubes and another rib resection may become necessary.

Irrigations are done rarely, and the initial treatment is given by, or under the supervision of, a doctor. Care must be taken because of the possible presence of broncho-pleural fistula. The patient is placed on his unaffected side while the fluid (usually normal saline) is introduced. Then the patient is turned and encouraged to cough. For all chest dressings, a deodorant as well as an antiseptic solution is required. Dressings on the chest wall are difficult to keep in place; tapes and ties arranged transversely are used and passing tapes through the corners of pads helps considerably. When packing is used, support is needed and may be had by use of scultetus or many-tailed binders.

The usual post-operative nursing care is given and the most important point is the maintaining of continuous and adequate drainage. By turning the patient frequently, having him cough before and after turning, and by deep breathing, the bronchi are kept free of secretions. This also causes expansion of the lung, assists in closing the cavity and prevents further infection of the lung. Elevation of the foot of the bed may promote bronchial drainage. This is especially important if an abscess perforates into the bronchi or bleeding occurs.

Patients are given fluids up to 3000 c.c. daily. The diet is quickly stepped up to high vitamin and high caloric content to improve health and build up resistance to further infection. A long period of





*Continuous postural drainage*

hospitalization is usually necessary and steps must be taken to keep up interests and mental health. Occupational therapy is helpful; patients may select any type of handicraft they prefer and the new knowledge is often valuable in their life after leaving hospital. Adolescents are given carefully supervised school work if desired. The patients are allowed up as soon as possible, and quickly regain their strength, their sense of well-being and their appetite. Iron is administered in the form of ferrous sulphate to increase haemoglobin. If sunshine is not available, ultra-violet ray is given.

Patients tend to use the side operated on less than the normal side. As a result, this shoulder tends to drop and, if not treated, becomes a permanent deformity. This is overcome by specially supervised deep breathing exercises in which the patient is taught the use of these muscles. Patients are rarely allowed home with drains in the chest, and then only under careful supervision. They are asked to report back to the Clinic every few weeks. It is important that they be instructed to guard against respiratory infections, and whenever they have such an infection, to go to bed and stay there until they are well.

Pulmonary lobectomy is the removal

of one lobe of the lung and is most frequently performed for bronchiectasis. Lobectomy is also done for the removal of lung abscess, where the abscess has become walled off with scar tissue. When one of the branches of a bronchus leading to a lobe becomes stenosed, due to tuberculosis infection, the bronchial drainage is interfered with, infection occurs beyond the obstruction and the lobe must be removed. Cystic disease of the lung is also treated by removal of the lobe affected. When a patient is to have a lobectomy performed, a considerable period of preparation is required. The majority of these people are in poor physical condition, their illness has been of long standing, and major surgical intervention is advisable only after their condition has improved. Rest in bed, preferably in fresh air and sunshine, is essential. Diet should have high caloric and vitamin content and should include fluid nourishment between meals. Iron, in the form of ferrous sulphate, is administered with meals to increase the haemoglobin content of the blood. An attempt is made during this period, as in the whole of their remaining life, to protect them from respiratory infections.

Patients with sputum are put on

sputum routine and nurses are taught to regard them as infectious cases. They must learn to protect others by using properly the cardboard sputum cups in lidded tin containers, and by discarding their paper mouth wipes into large paper bags. These sputum containers are collected each morning, measured visually, filled with sawdust, parcelled in newspaper and incinerated. The tin containers are sterilized. Sputum is watched carefully and, until tuberculosis has been excluded, rigid isolation technique is followed. A specimen of all sputum is sent frequently for laboratory examination.

Continuous postural drainage is used where purulent sputum is coming from the lower lobes. The patient is placed gradually in position as shown in the accompanying illustration. The casters are removed from the head of the bed and the foot of the bed is raised from 18 to 24 inches by means of the insertion of shock pins into the casters. A fracture board is placed under a thin hard mattress, and one small pillow under the head but never beneath the shoulders. The patient is encouraged to lie on the affected side or prone for the majority of the time. This treatment makes the patient a better surgical risk by improving the general condition due to lessened absorption of toxic materials. There will be a smaller amount of purulent material in the field of operation and less danger of post-operative infection.

To localize and diagnose disease, a bronchoscopic examination is done and a specimen is taken of any tumour for biopsy. After the examination, as the larynx is anaesthetized, there is danger that any fluid taken by mouth will enter the trachea; therefore, the patient is given nothing by mouth for six hours,

then sterile water for four hours. The patient suffers considerably from sore throat following this procedure; mineral oil spray and warm saline gargle relieve discomfort.

During the preparation period, the mental health of these patients is good because they feel that at last something is being done for them. They are encouraged and reassured as to the success of their treatment and, to, gain their essential co-operation, they are told what is going to be done, the reasons, and the ways in which they may help, namely, coughing frequently, breathing deeply, drinking as much as possible, and helping to move and turn themselves. Important, too, is the final attempt to clear the lung of pus. The previous evening, and again two hours before the operation, the patient is instructed to place the head and shoulders well below the level of the body and to cough for twenty minutes. On the evening before, shaving is done, and a sound sleep assured by means of sedative.

The operation is usually posted for eleven o'clock. This allows time for cutdown intravenous of normal saline to be started, preparatory to giving of transfusion following operation, and for a period of rest and drainage. A sedative is administered to prevent fright and to ensure a more satisfactory anaesthesia but should not be so heavy as to suppress cough reflex. The usual arrangements are made to receive the patient; an oxygen tent is set up and equipment is prepared for closed drainage. The patient requires the usual post-operative care and, in addition, requires oxygen therapy, almost routinely. Even more than the usual attempt should be made to shield him from respiratory infections.

It is essential that the patient have



constant attention for at least forty-eights hours in order to detect and prevent such complications as haemorrhage, atelectasis, pneumonia. His colour, the character of his pulse and the nature of the drainage are noted and reported. The first sign of oxygen lack is the increase in pulse and respiration rate; there may be great need for oxygen therapy without cyanosis. Shock is combatted by raising the foot of the bed, the application of external heat and normal saline by intravenous and indirect transfusion. Rapid, shallow respirations, rapid pulse, cyanosis, pain and elevation of fever, are symptoms of atelectasis. This is the result of blocking of the bronchi by thick sticky plug of mucus; this occurs chiefly because it hurts the patient to cough. He tends to take shallow respirations and tends too, to lie in one position. Expulsion of this mucus is aided by turning the patient every hour and making him cough forcefully before and after turning. Nurses may make coughing more forceful and less painful by applying firm pressure over the operative area. Haemorrhage is treated in the manner previously discussed. Pneumonia may be caused by insufficient use and expansion of lung and poor drainage of mucus. Coughing and turning and deep breathing aid in drainage and expulsion and also in the expansion of the lung.

Where there is considerable bronchial secretion, except in the case of removal of the lower lobe, the patient may be nursed with the head low. In the case of lower lobe lobectomy, where the lower lobe on the other side is affected by bronchiectatic disease, drainage is most important. The foot of the bed is elevated 48 inches and the patient is placed on the operative side; he may be given an expectorant mixture and is en-

couraged to cough for twenty minutes, the bed is lowered, and he is given a sedative; this should be done twice daily. Lobectomy cases always have closed drainage. As with lung abscesses and empyema, care must be taken to prevent clamping off the tube. The patient is kept comfortable with morphine and must cough before any sedative is given. As morphine is a respiratory depressant, it is given in small doses and only for a period of forty-eight hours, after which codeia is given. In order to get the patient to cough, it is necessary to give him enough sedative to relieve most of his pain. Coughing is encouraged fifteen minutes after the sedative is given.

To replace fluid lost during operation, up to 3000 c.c. is given by intravenous during the first twenty-four hours, at the rate of 150 c.c. per hour; then it is given by mouth. Excess fluid should not be given, and intravenous should be discontinued as soon as intake by mouth is sufficient. Diet is rapidly stepped up after fifty-six hours; the patient usually will tolerate full diet after seventy-two hours. Fluids to 2400 c.c. daily are necessary during convalescence. Retention of urine and nausea rarely occur. The patient suffers from pain referred to the upper quadrant of the abdomen, and pain due to injury of the intercostal nerves; this may be relieved by heat.

A clear picture of the patient's progress and treatment may be had from the patient's temperature chart if this is properly kept. Points recorded are: daily output of sputum and its character — purulent, muco-purulent, blood tinged, clear, mucus; the amount and character of drainage from closed drainage tubes or aspiration; daily fluid output per voiding; daily fluid intake by mouth, intravenous, transfusion; dosage

of sulphanilimide administered; oxygen therapy; date of removal of drainage tube. The most common complication is empyema; this is treated by rib resection and drainage. New treatments are being tried which shorten the period of convalescence. Recently, the closed drainage tube which formerly remained in at least six weeks has been removed in three to four days, with no ill effect. Convalescent care and treatment is the same as for rib resection.

Pneumonectomy is the removal of a lung. This is done to remove tumours of the lung, benign tumours, stenosis of the main bronchi causing collapse of the whole lung, and chronic lung abscess. It has been found that bronchogenic carcinoma occurs as often as carcinoma of the colon and rectum. If diagnosed sufficiently early, a certain number of these cases can be cured by pneumonectomy; just how many, it is too soon to say. The preparation of the patient is the same as for lobectomy with these additions: just before operation, an attempt is made to induce artificial pneumothorax, that is air is introduced into the chest cavity to collapse the lung. This breaks down minor adhesions and lessens shock post-operatively. The immediate pre-operative preparation is similar to

preparation for lobectomy but there is a difference in preparing to receive the patient. An oxygen tent is set up but, since there is no drain through the chest wall, no equipment is necessary for closed drainage. A chest aspiration tray is placed in the patient's room because fluid and air may collect in the cavity, causing pressure on the mediastinum; this gives rise to respiratory and cardiac embarrassment and requires immediate treatment.

The patient rarely has as much bronchial secretion as a lobectomy, so that postural drainage is not usually required. The post-operative course is usually smoother and shorter, there is less pain and discomfort and fewer complications are met with. Empyema and mediastinitis are infrequent complications. Patients are usually allowed to be up in from seven to nine days and care during convalescence corresponds to that already described. Those who have had pneumonectomy performed; may undertake light work and lobectomies can tolerate fairly heavy labour. Thanks to this new field of surgery, these people make a good adjustment and are able to share the life of the community as useful citizens.

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## A Well Merited Recognition

The nurses of Canada felt very proud when, in May, 1941, it was announced that Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief in Canada of the R.C.A.M.C. Nursing Service, had been requested by the military authorities to supervise the organization of the Canadian Women's Army Corps. It stands to reason that the woman chosen for such a difficult task would find full scope for a capacity for enlightened leadership, as well as for the

exercise of unlimited patience and tact. It goes without saying that Miss Smellie proved herself worthy of the trust reposed in her and no one will be surprised (though everyone will be pleased) to hear that when the task of organization was successfully completed, most cordial appreciation of her services was expressed to her by Colonel the Hon. J. L. Ralston in these words: "I value more than I can ever say the work Matron Smellie has done in connection with



bringing this institution to the point where it is a going concern. Matron Smellie has travelled from one end of Canada to the other making a preliminary survey which has been invaluable and we are looking forward to a continuance of her support". Colonel Ralston also said that, while he was keenly aware that the job had not been an easy one, Miss Smellie had done it so well because of her wide experience and understanding interest.

The direction of the C.W.A.C. has

been assumed by Mrs. Joan B. Kennedy who has been appointed Officer Administering the Canadian Women's Army Corps with the title of Senior Commander. Mrs. Kennedy has been staff officer for Military District No. 11 since August, and was the first officer appointed to the Corps.

The further progress of the Corps will be watched with interest by the nursing profession which, in the person of one of its most distinguished members, had the honour of organizing it.

## Nursing Service in Small Hospitals

GERTRUDE M. HALL

In the November issue of *The Canadian Nurse*, may be found an article entitled, "What is the Small Hospital to Do?" in which some interesting and pertinent questions were raised. That the small hospital is necessary to the community in which it is located can hardly be denied and, in many ways, its importance is out of proportion to its size. Not only is it important from the standpoint of the physician, and the patient, but it dominates the thought and action of the community in regard to nursing and nursing education. Almost without exception, the people who control these hospitals honestly believe that the only possible way to care for their patients is by means of a school of nursing and this is the only reason for the existence of the school. The cost of maintaining a graduate staff is usually considered prohibitive, although in most instances this conviction is not supported by actual facts or figures. Unfortunately, the comparative costs of graduate versus student personnel have not yet been sufficiently analyzed or

studied by boards of directors of Hospitals.

If the aim of the nurse in service is chiefly to make the patient comfortable and to carry out the doctor's orders in a more or less mechanical fashion, then obviously the aim of the school of nursing should be to train students to acquire the necessary skills and bits of information that will enable them to do these things. Not a few schools apparently believe that this aim is all sufficient, and that these skills can be imparted, like tricks of the trade, while the student nurse is providing the cheap labour and cheap nursing service that enable the hospital to balance its financial statement.

In order to offset such unsound theories, it is the responsibility of nurses and nursing organizations to enlighten the public as to the proper functions of a nurse in a modern community. It is because of the increased responsibilities that nurses are being expected to carry that nursing education must be placed on a professional level. The nurse of

to-day must be able to give expert bedside nursing care in all types of illness and, if we pause to consider the implications of that statement alone, we must frankly confess that many schools do not afford the variety of experience which is necessary if we are to insure a well balanced education in all the major branches of nursing. It is extremely doubtful whether a hospital having less than a hundred patients per day can provide a sufficient variety of clinical experience. Administrators admit that the affiliations that are now necessary add much to their burden, the cost to the hospital is increased, because of the loss of the services of the student, and a larger number of students or added graduate staff is required. Repetition of lecture courses, missed by the student while she is away from the school, increases the load on the teaching staff and, in addition, there are travelling expenses and other incidentals.

When we consider that 90 percent of the student's time is spent on practice on the wards, there can be no question but that the ward is the strategic point for teaching and learning, and this means that qualified clinical teachers and supervisors must be available. Can the very small hospital finance this qualified teaching staff and provide the equipment necessary for a good teaching program? The statement has been made that the small hospital cannot even afford an instructor and that, therefore, the superintendent of nurses must undertake such teaching as is given. Yet boards of directors admit quite frankly that the superintendent of the hospital is frequently superintendent of nurses, housekeeper and dietitian, is on call at night; gives the anesthetics; has charge of the operating room; and does all the teaching except that done by the doctors. In not a few hospitals she admits and discharges the patient; makes out

and collects the bills; supervises the laundry; does the buying; sees the patients' friends; answers the telephone; waits on the doctors; looks after the records and the bookkeeping; scrubs for major operations and supervises the students in the operating room. During the busy morning hours, when important treatments must be given, the students work day after day with little supervision. The superintendent is late for luncheon; telephone numbers have been left for her; the janitor, the cook, the laundress are all waiting to consult her. Three o'clock is rapidly approaching when the harassed woman is supposed to teach a class and, as soon as possible, she must give a test in metabolism or take an x-ray picture. Your whole heart goes out to her, all the more because she often does not realize her limitations and may have had no scrap of preparation in any branch of hospital administration. One wonders sometimes how the organization hangs together. It would not do so if it were not for the innate goodness and helpfulness of human beings.

The author of "What is the small hospital to do?" claims that the student in a small hospital gets a sound practical training. This is a debatable point. The perfecting of mechanical skills and activities is only one objective and, important though it may be, it is not sufficient. True, anyone may administer prescribed medication without knowing what it is, what it is given for, what it may be expected to do, and what unfavorable results it may have; but not for a moment should we tolerate such blind obedience on the part of the student nurse. The average doctor expects the nurse to observe patients closely and to report any change in their condition. This ability to observe and interpret means the exercise of balanced judgment which is the result of train-



ing and experience. Student nurses do not acquire this ability by inspiration or intuition, they must be well taught, well supervised and guided, before they reach this stage.

That graduate nurses sometimes do not enjoy working in a small hospital where they are faced with the necessity of doing heavy work with inadequate equipment, long hours of service and disgracefully low wages, seems a poor argument for expecting students to accept these conditions. Are we not expecting the impossible in trying to establish good techniques, leading to good standards of nursing care, when the equipment is either inadequate or entirely lacking? It is useless to teach the principles of bacteriology when sterilization and hand-washing facilities are so inadequate as to create a problem every time their use is indicated. A student who is exhausted from long hours of service is not likely to absorb the teaching which is given, especially when the teachers are also so overworked that little time could be given to the preparation or presentation of the material. The lack of a classroom or blackboard, the students sitting around the dining room table in a dingy room in the basement, does not provide a stimulating atmosphere and one questions whether the effort of teacher or student is justified.

All schools of nursing have a further responsibility to the students. I refer to the cultural aspect of the student's development. That the hours of service should be such as to allow some time for study, to read and to have some social life, cannot be denied by any sane-thinking person. Library facilities and a daily newspaper are a necessity in any school. Opportunities should be provided for social activities where social amenities may be acquired and practiced. The graduate represents her

school and her profession and must be prepared to serve in all types of homes and among all classes of patients.

In the end, we come back to the point from which we started—the need of adequate financial support of hospitals that they, in turn, may function for their primary purpose which is the care of the sick, the nursing service being provided for in the hospital budget. Those who hold that a graduate staff is more difficult to supervise, less stable and so on, have in these very statements a challenge to try and find a solution for these problems. The freedom of living away from the institution is one means, an eight-hour day and sufficient salary to maintain proper standards of living are others. Contrary to the expressed opinion that graduate nurses will not serve in small hospitals, we find that, given the proper conditions, there are many who are ready and willing to do so. During the last few years the general duty nurse has become a necessary part of the nursing personnel and has proved her worth. Nevertheless, routine duties must of necessity be carried by her and routine does become monotonous even to the most conscientious and enthusiastic person. It is for this very reason that administrators have sought to relieve the general duty nurse of such tasks by selecting and preparing women who are acceptable as subsidiary workers. These women prefer to serve in an institution where they enjoy regular hours and good working and living conditions.

The kernel of the problem of the small school seems to lie within the greater problem of servicing the hospital, and we must persuade Hospital Boards not to permit their own financial exigencies (which should be taken care of elsewhere) to upset the principles of sound educational practice.

# Letters from Sweden

ELIZABETH LYSTER

*Author's Note:* While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. Our arrival in Sweden preceded, by two days, the invasion of Norway by the Germans. After some deliberation, it was thought that, well-equipped as we were, we could do more valuable work in Norway, it being then impossible to foresee the short duration of this phase of the war. There are some gaps in the general picture as presented in these letters, due in part to my laziness as a letter writer and, in part, to difficulties and hazards in postal and censorship services.

When a desire to see and share again the things which go to make up life in Canada became strong within me I found that the pathway home led in one direction only — around the world! After four months of waiting and disappointment, I began my homeward journey by way of Russia and, after a brief visit to Japan, crossed the Pacific Ocean to San Francisco.

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*On board ship*

*March 28th, 1940*

Dear M:

No sign of sea-sickness yet, but the boat is very steady and no rough weather. It is snowing a little this morning, but not very cold. We cast off our last ties with North America at five min-

utes to midnight and most of us stayed up to watch the lights of New York finally fade away. The dim outline of the Statue of Liberty with its bright flare of light held aloft saluted us silently.

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*April 3rd, 1940*

As you will see much time has elapsed since the above lines were written. The excitement just now is whether the "British" will get us, in which case we shall spend from seven to nine days in Kirkwall. The second day out we had life-boat drill and while on deck passed an American destroyer which was demurely following in the wake of a large freighter. Since then we have passed several ships at night showing lights, so undoubtedly neutral. We have (or had) 150 African monkeys on board. Yesterday there were only 147, and I have not heard whether any have died since. They are going to be used for laboratory work on infantile paralysis. There is also a whippet which belongs to the British Minister in Stockholm (formerly in Washington) which is being taken over to join his master.

Among the few cabin passengers, there is a very distinguished professor, an ophthalmologist; and a director of a museum of arts and handicrafts in Gothenberg. He is a nephew of Dr Munthe, the author of "The Story of San Michele" and is returning from a lecture tour in the United States.

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*Stockholm, Sweden*

*April 13th, 1940*

So much has happened to us and to the world since I last wrote, and all our



plans have been in a state of upheaval. Today, at last, it has been decided to send us to Norway, and we leave early to-morrow—no use saying where.

We stayed overnight in Bergen, then came straight through to Stockholm. The journey took about twenty-four hours which was running things pretty close. (*Author's Note:* The Germans invaded Norway two days after we left Bergen). There are millions of things to say but, for obvious reasons, I shall say none of them.

This is a nice city, built on islands, so there are many bridges. There are always ducks and gulls on the water, and many small parks which must be lovely in the spring and summer. They tell me that most windows have flower boxes in summer and that they hang baskets of flowers on the lamp posts — in fact, flowers high up, low down and in between. The street-cars are a nice sky blue, and usually amble along in pairs; the buses are blue or red or yellow, and all traffic is to the left including revolving doors. They have fun sometimes, I think, watching us trying to push them the wrong way. Everyone is very polite and helpful, however.

I am becoming quite a "badstu" addict and today I followed it up with a Swedish massage and a 45 minute walk, which was unintentional as I got lost. A "badstu" is a pleasant form of torture. You scrub yourself energetically with a sponge, resembling nothing so much as a handful of pale shredded wheat, or a brush which we would call a floor brush, and soap, then a shower and then you go into a room where the thermometer hovers around 60 to 70 C. where you sit or lie until little rivers start flowing over you from all directions. Hardy perennials can stand this for twenty minutes. After this you have another shower or a swim in a nice large pool. Today, instead of the swim,

I had a massage — more torture. Those girls' fingers are like steel! After oiling, pounding, slapping, kneading, she scrubbed me from top to toe, back and front, with more shredded wheat, put me under a hot and cold shower and led me to an overgrown bath tub where I was told to "immerse" myself. The water was 15-C. so I didn't stay in long!

You all seem very far away and I wish I could know you are all as well as I am (and as clean!)

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*Ostersund, Sweden*

*April 24th, 1940*

Dear M:

We left Stockholm by train a week ago, and arrived at a place called Sarna. Our transportation is in charge of a Norwegian Captain who is on his way back from Finland. At Sarna we joined forces with a Norwegian woman doctor, who was also on her way back from Finland, and with a Fru P. who did not know where her husband was (they are Norwegians) but one day he turned up at Sarna. He is a doctor and has seen something of the doings in Norway.

On Sunday morning we were up at 4.30 a.m. after a few hours sleep and on the road at 6 a.m. All our ambulances are lost (or mislaid) but we have acquired one ancient four-door sedan staff car, three panel trucks, and nine trucks. At four in the afternoon we made our first real stop at Los for a real meal, having made a detour of some 250 kilometers (around a few mountains. We started on again about 6.30 p.m. and arrived here about 10 o'clock the next morning — yes, going all night. They fitted up the panel trucks as sleepers with the aid of trunks, straw sacks, and sleeping bags, and three of us at a time took turns resting. I couldn't sleep, but at least it was a change of position and warm. There is still plenty of snow around but the roads most of the way

were good, especially at night and in the early morning before the sun got at them. For economy's sake we have moved into the school gym here and with the help of a large tarpaulin and some blankets have made two dormitories. The Red Cross have lent us some cots and blankets and we filled "paillasses". Because I am a possessor of a sleeping bag, I am on the floor with a straw mattress. I slept all night soundly and am told I snored like a trooper. We do not know where or when we will be on our way again, but all hope it will be soon and down to work with a vengeance. As you can imagine, it is not too easy transporting all this equipment.

Hurrah, we have just been told we leave at 3 p.m., in less than an hour. Must fly and pack.

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*Goddede, Sweden*

*April 26th, 1490*

Dear M:

Well, we are living in a country school-house here and sleeping on small children's beds with mattresses stuffed with wood shavings — very comfortable, really. We arrived about 2.30 on the morning of the 25th — a wonderful trip. It didn't get dark till about 11 p.m. and daylight started coming back about when we were crawling out of the trucks. They had a hot meal waiting for us — imagine eating meat and vegetables at 3.15 a.m.! Then, we turned in and I don't think I moved a muscle.

All the cars have red crosses painted on them, one on each side and one on top. Also most of them have tarpaulin covers and some have red crosses on these covers too, and now today, they are busy painting smaller canvasses with more crosses, so we are well marked. We cause a sensation every place we stop and the whole town turns out to stare.

This place is like heaven. It is heated and we have *hot water* — a priceless and very scarce thing in our lives these days. We have all been busy washing ourselves and our clothes and the place looks like a laundry with every radiator draped with long woollen undies, socks, blouses, and pyjamas. All the children have been sent home — this place is right on the border. Of course —!

I have never seen so many trees in all my life. The roads are cut through forests of evergreens for miles and miles. The trunks of the trees are free of branches almost to the top—they grow very straight and the bark about halfway up is a golden brown colour. Today, and in fact almost every day since we landed, has been gorgeous — sunshine, snow-covered mountains, the breeze stirring the trees a little, and a pale blue clear sky stretching up and above us on every side. Today will be a red letter day for some of us, for mail is expected to catch up with us this afternoon. Unfortunately, more is expected to-morrow from Stockholm, and we leave here to-night — over the mountains and far away. I hope my laundry will be dry — my big worry at the moment. I sat in some red paint this morning when I was greasing my ski boots and the cleaning fluid only made matters worse. I am not only faintly red, but white in the rear now.

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*Grong, Norway*

*May 8th, 1940*

Dear M:

Here I am safe and well. Is is rather hard knowing just what to write. I am not at all certain that anything I have written you has arrived and I have not received a word from anyone though I know there must be quite a number of letters drifting around somewhere. Most of us feel it is rather a waste of paper,



since the chances of any of it being received are 1,000 to 1 against. Since we left Sweden, we have had considerable excitement one way or another. We took twenty-four hours coming about 66 miles up over a mountain range, through snow-banks which were 12 to 15 feet high in one place. The road was cut through these and so narrow that the trucks were often being dug out of them. Roads here never run straight for more than a few hundred yards at any point. It was a lovely day, sunshiny and not too cold. I spent the time during the many stops (while they were digging out the trucks) running about on top of the snow-banks and got quite a nice healthy colour. We are stationed in another school and are using the hall or gym as a ward. It has about 45 beds in it. Most of our patients are lads who were in a bad train collision and now we have two German boys. We have stopped paying any attention to aeroplanes. One of the first days here we had nine "visits" and were worn out either running to peep out of doors or windows or down to the basement.

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*Grong, Norway*

Dear M:

I have just discovered a partly written letter, written on April 5 from Bergen, in Norway, but never posted. This omission is typical of me but perhaps excusable under the circumstances. I am enclosing it because it gives details of that evening in Bergen. It is interesting to speculate that those freighters probably disgorged Germans three or four days later. So innocent they seemed that day, riding at anchor at the doorstep of that lovely town. And here is the letter:

Thursday night was the Captain's dinner and everyone donned fancy caps. Then there

was dancing and about midnight, the pilot boat came alongside and we knew that we were safe (from the British!) and would be in Bergen next day. Late Thursday afternoon, there was a very faint marking along the port horizon which the deck steward told me was Norway. Later, there were the lights of a small town and many light-buoys, and at 4.30 a.m. everyone was routed out of bed, and in the cold early morning light we gazed at rugged cliffs and snow. It was so lovely and wonderful that we were all glad to be up, tired though we were from the night before.

I stumbled into bed and slept for an hour or two before lunch, and at about 3 p.m. we anchored outside Bergen, waiting for a large Norwegian freighter to finish loading and let us in to the wharf. Off our port side, strung out in a line were five freighters, first and farthest out was a dark grey-black Britisher, then "Suomi", then a Swedish, then a Danish and just off shore, a Norwegian. Near the shore, were two cruising yachts and off our starboard side were anywhere from twenty-five to thirty freighters, dotted all over the inlet, their prows all headed the same way — out — waiting for the word "go".

Bergen rises, layer on layer, in bright colours. Nearly all the houses are of wood and about 90 percent of it was burned in 1916. It has been re-built and has grown since then to a city of about 100,000 people. We finally landed about 5 p.m., had our pictures taken for the umpteenth time, decided not to catch the night train, thank goodness, and went to a very nice hotel. The taxis drive like mad and our hearts were in our mouths. After parking our belongings, we took the funicular railway up the mountain, about 1,000 feet, in time to see the sunset over the fiord and our ship sail away to Gotheberg. We had dinner at the restaurant up there and then five of us visited a Norwegian couple. There I saw my first tile stove and that night, for the first time too, I slept under a down mattress — lovely. Perhaps I shall be able to bring one home with me.

*(To be continued)*

# Miss Martin Makes a Time Study

GERTRUDE M. HALL

In the December issue of the *Journal* ("Finding the Time", p. 824), the story was told of why Miss Martin, supervisor of a busy ward in a six hundred bed hospital, came to the conclusion that nursing procedures must be timed if we are ever to find out how many nurses it takes to give good care to a given number of patients. Although she had suggested that a time study should be made, she was a little startled when Miss Caley, the superintendent of nurses, relieved her from duty so that she could make it herself. However, with the enthusiastic assistance of the graduate nursing staff, she set to work at once.

It was decided that the study should cover a period of three months and that a number of different treatments should be timed and their frequency and time of occurrence recorded. Miss Martin used a stop watch so that all timings should be accurate. The constituent parts of the timing of each treatment included: preparation for treatment; giving treatment; cleaning up after treatment; charting of treatment. A list of treatments was first compiled, with the assistance of the surgical supervisor and copies of this were distributed to all the wards. The nurse-in-charge recorded the treatments done each day and returned the slips to the training school office each evening with her day report. In addition, the time of day each treatment was given was noted.

Eleven wards were visited by Miss Martin in her capacity as observer and timer. These included 8 public wards (4 male, 3 female, 1 segregated); 3 semi-private wards (2 male, 1 female). A summary of the special treatments

observed by her during a period of three months follows:

*Intravenous infusion*: total number of intravenous infusions given in 3 months—1981. Total number timed—92. Average—26 min. 09 sec. Minimum—12 min. 43 sec. Maximum—87 min. 45 sec.

In addition to the time spent on the wards, it was estimated by the night nurse in the operating room that she spent approximately 15 minutes preparing each flask of solution to be sterilized, and 10 minutes preparing each intravenous bundle. This would add an additional 25 minutes nursing time.

The time at which 1981 intravenous infusions were given was noted as follows: 20 from 1 a.m. to 7 a.m.; 680 from 7 a.m. to 1 p.m.; 1098 from 1 p.m. to 7 p.m.; 183 from 7 p.m. to 1 a.m. By far the greater number were given when the wards were not well staffed because the students were at class. Furthermore, in the case of patients who are receiving two or more infusions per day, better spacing seems indicated. The reason that most infusions were given in the afternoon was that the internes are engaged in making rounds and assisting in the operating room during the morning hours.

*Blood transfusions*: total number of blood transfusions given in 3 months—147. Total number timed—13. Average—58 min. 26 sec. Minimum—26 min. 21 sec. Maximum—114 min. 30 sec.

As noted under the caption of intravenous infusions, an additional 25 minutes nursing time is spent in the operating room, preparing solutions and bundles for each transfusion. Also, the nurse-in-charge often spends considerable time arranging for donors.

*Lumbar punctures*: total number of lumbar punctures done in 3 months—175. Total number timed—32. Average—41 min. 15 sec.



Minimum—25 min. 53 sec.

Maximum—57 min. 01 sec.

The gloves used for lumbar punctures are cleaned and prepared for sterilizing when several pairs have accumulated, some having been used for other purposes. This time was not included. It was estimated by the supply room staff that 8 to 10 minutes is spent on each lumbar puncture set when returned to be sterilized.

*Intramuscular injections*: total number given in 3 months—709.

Total number timed—5.

Average—8 min. 08 sec.

Minimum—6 min. 45 sec.

Maximum—11 min. 35 sec.

*Intravenous injections*: total number given in 2 months—170.

Total number timed—2.

Average—8 min. 14 sec.

Minimum—7 min. 07 sec.

Maximum—9 min. 25 sec.

Intramuscular and intravenous injections are given by an interne who in some instances prepares the medication and gives it without the assistance of a nurse. In the cases timed, the nurse prepared the injection and went to the bedside with the doctor.

*Punch operations*: total number performed in 3 months—66.

Total number timed—39. Nursing time estimated for the first twelve hours after operation:

Average—2 hrs. 21 min.

Minimum—28 min.

Maximum—6 hrs. 31 min.

The minimum time recorded was a second stage punch with very little resection.

*The Elliott machine*: this machine is used for the treatment of pelvic infections, salpingitis, or metrorrhagia. Each patient receives one treatment each day, a complete series being 16 treatments.

Total number given in 3 months—36.

Three of the treatments timed were demonstrated by the head nurse to one or more students:

Average—60 min. 12 sec.

Minimum—52 min. 20 sec.

Maximum—67 min. 55 sec.

Four of the treatments timed were done by a student, supervised by the head nurse:

Average—39 min. 25 sec.

Minimum—19 min. 57 sec.

Maximum—26 min. 22 sec.

*Abdominal perineal resection*:

Dressing of posterior incision: total number done in 2 months—302.

Total number timed—12.

Average—9 min. 17 sec.

Minimum—5 min. 25 sec.

Maximum—14 min. 50 sec.

Irrigation of posterior incision: total number done in 2 months—93.

Total number timed—7.

Average—20 min. 21 sec.

Minimum—14 min. 19 sec.

Maximum—25 min. 25 sec.

*Colostomy dressings*: total number done in 2 months—2077.

Total number timed—8.

Average—13 min. 11 sec.

Minimum—9 min. 30 sec.

Maximum—21 min. 20 sec.

*Colostomy irrigations*: total number done in 2 months—107.

Total number timed—11.

Average—28 min. 26 sec.

Minimum—11 min. 35 sec.

Maximum—43 min. 10 sec.

*Forced fluids*: By timing the routine of forcing fluids on the urology ward, including the time spent by the night nurse, it was estimated that 5 minutes was spent daily on each patient. As all 28 patients are on forced fluids the total time spent would amount to 2 hours and 20 minutes daily.

*Sterile preparations*: total number timed—4.

Average—63 min. 01 sec.

Minimum—47 min. 40 sec.

Maximum—80 min. 15 sec.

Sterile preparations are usually done between 6 p.m. and 7 p.m., by the day staff and the help of a second nurse is often necessary.

*Duodenal drainage*: a record was not kept of the frequency of this procedure, but from questioning the nurses on ten wards it was estimated that 8 had occurred in 3 months. The one procedure timed was done by a graduate nurse and took 3 hours nursing time, from 8.30 a.m. to 11.30 a.m.

*Sigmoidoscopic examination* (done on the ward): total number in 3 months—6.

Number timed—1.

Time—45 min.

In making a careful analysis of the timing, Miss Martin found that there was sometimes a considerable difference in the time required to give the same treatment. This difference was traced to a variety of causes. In May, the average time required for an intravenous infusion was approximately 18 minutes, but when a new group of internes took over the service in June, the time required rose to approximately 23 minutes. Demonstration, by a supervisor, of an Elliott treatment took 60 minutes, while supervised administration took 40 minutes, and an unsupervised administration took only 17 minutes. Miss Martin is more convinced than ever that ward teaching is a time-consuming process. Much time was lost because of faulty and insufficient equipment. Junior nurses were often unfamiliar with the ward, and time was wasted in running

to and fro between the service room and the bedside. In analyzing the nursing personnel who either gave, or assisted the doctor in giving certain difficult treatments, Miss Martin was dismayed to find that student nurses seldom got a chance either to observe or to acquire skill. Out of a total of 335 difficult treatments, 245 were given by graduate nurses. The total number of students who assisted was only 90, and of these 33 were in their first year, 41 in their second year, and 16 in their third year.

With the time study before her, Miss Martin proceeded to draw up findings and recommendations for submission to the superintendent of nurses and the next issue of the *Journal* will tell you what they were.

(To be continued)

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## R.C.A.M.C. Nursing Sisters on Duty in Hong Kong

We are all very proud that Canadian troops are helping to defend Hong Kong and that two members of the R.C.A.M.C. Nursing Service have also been assigned to duty in this distant outpost of the British Commonwealth of Nations. The nurses who have been given this honour and privilege are Nursing Sister Anna May Waters, formerly of Fort Osborne Military Hospital, Winnipeg, and Nursing Sister Kathleen Georgina Christie, formerly of Toronto Military Hospital. We want to assure them that we are confident that they will give a good account of themselves and to tell them that we shall all keep them constantly in mind as they go about the daily task which involves so great a risk to their personal safety.

Nursing sisters, as well as doctors and

other medical personnel, who may fall into the hands of the enemy, are not regarded as prisoners of war. They may be retained and employed, but only in technical duties, so long as their services are required. While so employed they receive the same pay, rations, and headquarters as do the corresponding ranks of the enemy in whose hands they are. They must be returned to their own side as soon as the necessity for their retention has passed or when the military situation permits.

The following appointments to the R.C.A.M.C. Nursing Service in Canada have recently been announced: Miss D. F. Harris as Nursing Sister-in-charge of the London Military Hospital; Miss O. H. Munro as Nursing Sister-in-charge of Fort Osborne Military Hospital, Winnipeg.



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## British Civil Nursing Reserve

The High Commissioner for the United Kingdom, the Hon. Mr. Malcolm Macdonald, recently made enquiries from the Canadian Nurses Association as to the possibility of recruiting nurses who would be willing to pay their own transportation to Britain. Such nurses would be referred to Civilian Hospitals. The need of relief for both hospitals and nurses is very evident to Canadian nurses, who, up till the present, have enjoyed normal professional working conditions with possibly a consciousness of fairly rapid turnover of personnel in certain centres of the Dominion. At an early date it is hoped to publish further information as it is realized this experience would prove intensely interesting. Any nurses interested in this very worthy service are requested to communicate in the first place with Miss Jean S. Wilson, Executive Secretary, Canadian Nurses Association, 1411 Crescent St., Montreal.

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## General Meeting 1942

When the Association of Registered Nurses of the Province of Quebec first extended an invitation to the Canadian Nurses Association to meet in the city of Montreal in 1942, it was anticipated that Montreal would be celebrating its tercentenary and that the twenty-first general meeting of the national organiz-

ation would become one of the greatest in the history of the Canadian Nurses Association. The city of Montreal has abandoned its plans toward making the year 1942 one of historic observation, but the Provincial Association of Registered Nurses is proceeding with arrangements for a national meeting to suit war-time conditions.

The arrangements committee, convened by Miss Mabel K. Holt, with Mlle S. Giroux as co-convenor, consists of several sub-committees, as: registration and information, Miss E. F. Upton, Mlle A. Albert; housing, Miss M. Moag, Mlle M. Roy; accommodation for Religious Sisters, Rev. Sr. Valerie; entertainment, Miss Ferguson, Mlle E. Lynch; University Alumnae, Miss M. Mathewson, Mlle A. Martineau; interpreters, Mlle S. Giroux and Mlle J. Trudel; publicity, Miss M. Batson, Mlle A. Albert. The Windsor Hotel, which has been selected as convention headquarters, offers excellent accommodation in every way.

The Executive Committee of the Canadian Nurses Association will meet on Friday and Saturday, June 19th and 20th. The General Meeting will open on Monday, June 22nd, with adjournment on Friday evening, June 26th. The Executive Committee will hold sessions on Saturday, June 27th. In an early issue, details of the programme that is being planned under the convenership of the President will be announced.

### A Vital Matter

The Canadian Nurses Association was represented by Miss Marion Lindeburgh, Second Vice-President, and the Executive Secretary at a meeting of women's national organizations which was held in Ottawa on December 15, 1941. The meeting was called by the federal authorities for the purpose of imparting information and soliciting the active participation of every woman in Canada toward helping the Government in its fight against inflation. The representatives of eighteen women's national organizations were addressed by the Minister of Finance and by the Chairman of the War Time Prices and Trade Board and received detailed instructions from the officers of the Board on proposed methods of procedure by which women in their daily purchases may keep a check on prices. The federal authorities were given the assurance of the support of each member of the Canadian Nurses Association in their plan for a nation-wide fight against inflation.

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### British Nurses Relief Fund

The generous appreciation of the nurses of Britain to the financial assistance from Canadian nurses produces a sense of embarrassment to the latter as they think of the circumstances under which the former are carrying on. However, we are pleased to quote from a letter by the secretary of the Royal College of Nursing in which she states:

I do wish that you, or other representatives of the Canadian Nurses Association, could be present at the College when news of the generous gifts arrive here. In this way only, I think, could you really appreciate the real feeling of gratitude and encouragement which this assurance of your interest and support brings to us.

Then, too, the following letter brings an intimate realization of the dangerous experiences that are being met so courageously by the nurses of Britain. Canadian nurses are so thankful that their financial help is available for such nurses as the writer of this letter:

I wish to send a truly sincere 'thank you' to your Canadian Nurses Fund which gave me a very generous cheque. It came, too, at such a needed moment. I had just returned to this country and whilst things were being straightened out for me, I was just marking time with, I may say, a much lighter step and heart after your timely help arrived.

Perhaps I should explain that I was one of the nurses engaged taking British children out to safety in Australia. We left home on August 19 and safely landed our five hundred kiddies in Perth, Melbourne, Sydney. The first available passage home was via New Zealand and nineteen nurses and escorts took it. We left Auckland on the *Rangitane* on November 24th and on the 27th were attacked by three German raiders, disguised as Japanese. Possibly you may have read how they took us on a month's Pacific cruise, sank five more ships, landed five hundred of us on a South Sea Island from which we were rescued and taken back to Australia.

Luckily three nurses, myself included, were uninjured and so were able to nurse our wounded folks and those from the other ships, possibly about fifty. Two of our nursing sisters were badly injured, one had to have her right arm amputated, and six of the escorts were killed. But the German doctor was most thorough in his care of everyone and they were well on the way to recovery when we landed on the Island.

We met with wonderful hospitality in Australia whilst awaiting return and it is marvellous to find such practical help awaiting me here from Canada.

Contributions to the British Nurses Relief Fund have been received from:



# NATIONAL OFFICE

35

## Alberta:

Alberta Association of Registered Nurses \$320.00

## British Columbia:

Alberni Chapter, Registered Nurses Association of British Columbia 40.00

South Okanagan Graduate Nurses Association 6.00

Vancouver Graduate Nurses Association 157.60

## New Brunswick:

Bath Hospital, Bath 10.00

General Nursing Section and individual contributions, Saint John 88.00

Lancaster Military Hospital, Saint John 14.00

Moncton Chapter, New Brunswick Association of Registered Nurses 72.25

Provincial Hospital, Saint John 19.77

Saint John Tuberculosis Hospital 32.00

St. Joseph's Hospital, Saint John 6.00

Saint John General Hospital 95.50

Saint John Public Health Section 38.50

## Nova Scotia:

A.A., Aberdeen Hospital, New Glasgow 24.00

A.A., Halifax Group, Royal Victoria Hospital, Montreal 15.75

Aldershot Camp Military Nurses 1.50

Antigonish - Guysborough-Inverness & Richmond Branch, Registered Nurses Association of Nova Scotia 4.00

Cape Breton & Victoria Branch, Registered Nurses Association of Nova Scotia 6.58

Colchester Co. Branch, Registered Nurses Association of Nova Scotia 20.50

Halifax Branch, Registered Nurses Association of Nova Scotia 15.25

Lunenburg County Branch, Registered Nurses Association of Nova Scotia 5.00

## Quebec:

Association of Registered Nurses of the Province of Quebec 1000.00

## Saskatchewan:

A.A., Queen Victoria Hospital, Yorkton 10.00

Graduates and Student Nurses,

Moose Jaw General Hospital 24.00

Individual contributions 10.00

Moose Jaw Graduate Nurses Association 25.00

Nurses of Victoria Hospital, Prince Albert 7.50

Student Nurses, Regina General Hospital 15.00

Student Nurses Club, Saskatoon City Hospital 25.00

Student Nurses, Holy Family Hospital and Catholic Graduate Nurses Association, Prince Albert 13.50

Nursing staff, Shaunavon Union Hospital 14.00

School of Nursing, St. Paul's Hospital, Saskatoon 25.00

Yorkton Nurses Voluntary Service 24.82

## Ontario:

Districts 2 and 3:

A.A., Lord Dufferin Hospital, Orangeville 10.00

Listowel nurses 12.00

Nurses of Districts 2 and 3 20.00

Florence Nightingale Club, Brantford 90.00

Walkerton nurses 50.00

District 4:

Welland nurses 20.00

District 5:

Matron and Nursing Sisters:

Toronto Military Hospital 24.50

Chorley Park Military Hospital 36.00

Camp Borden Military Hospital 26.27

Staff nurses, Toronto Hospital, Weston 15.00

St. Elizabeth Visiting Nurses Association 246.08

Victorian Order of Nurses, Toronto 16.76

A.A., Toronto General Hospital 150.00

A.A., Ontario Hospital, New Toronto 90.50

A.A., St. Joseph's Hospital, Toronto 100.00

Interschool Student Nurses Association, Toronto 20.00

District 7:

A.A., Kingston General Hospital 31.00

Nurses of Smiths Falls 6.50

District 8:

Nurses of District 8 150.00

District 9:

Kirkland Lake nurses 4.25

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# HOSPITALS & SCHOOLS *of* NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## The Head Nurse's Share in Ward Teaching

MARGARET J. DENNISTON

We define nursing as an art based upon scientific principles; the art refers to the nursing skills and techniques through which the spirit and understanding of nursing is expressed; the science refers to the application of scientific facts in planning and carrying out the nursing care. The principles underlying nursing care are drawn from the sciences of anatomy, physiology, bacteriology, chemistry, physics, psychology and sociology. These principles are applied in the ward, under the supervision and guidance of the head nurse. Here we have life situations, and practice is theory carried into effect.

The head nurse's responsibilities are legion, but I know of no other position in the nursing world which offers greater satisfaction. Yet how is she to find time to teach and supervise? She can do a great deal by the incidental method, and the patient will receive better nursing care from a student who is well taught and supervised. The head nurse should have a well staffed unit, approximately not more than four patients for one nurse, depending on the activity of the service. If she has an assistant and general duty nurses as part of her staff, they should assume certain teaching responsibilities and should be able to guide and help with

the more complicated and difficult procedures, especially those in connection with extremely ill patients. No inexperienced student should be allowed to care for a very ill patient alone.

When a new student arrives, she should come with the idea of gaining a certain amount of experience in a given time. The head nurse should know when to expect her, and should have a report of her strength, as well as her weakness, and of the amount of experience she has had. Her clinical experience should be planned in relation to her need and capacity, making use of "the law of readiness". Therefore, the clinical program will vary for each student. If the patient assignment method is used, the head nurse should introduce the student to her patients, and give details regarding nursing **care**, treatment, diagnosis, prognosis, social background, difficulties and problems. I found it a great help to edit a small book, with the title "Do and Do Not," peculiar to the particular service concerned. Each student was asked to read it, and it helped her to adjust to her new environment quickly and smoothed the path for both of us.

Let the student know that slovenly indifferent work has no place in your department, and assure her that the op-



posite will be evaluated on the credit side. She should be shown where equipment is kept, including emergency equipment and how to use it. If the efficiency method is used, the student must be made familiar immediately with the patients with whom she is to be in contact. One must endeavour to develop the powers of observation, for they do not grow overnight. First train the student to have an eye for her environment and the orderliness and neatness of the ward. Recall her knowledge of bacteriology in relation to dust and flies. Temperature sense should also be developed, especially with regard to proper ventilation; a ward thermometer and a large chart on which to record the four-hourly temperature for one month is a great help.

With regard to the patient, teach when and how to look for a lead line or a slight icteroid tint on the conjunctiva. She should become familiar with the pallor and restlessness associated with internal haemorrhage; the expression of pain, fear, worry, anger; the early appearance of cyanosis on the ears and finger tips; and the grey drawn, pinched features of impending death. Accurate observation of excreta is important. Teach her to associate a cough with sputum and a receptacle in which to receive it; draw her attention to the typical rusty sputum in pneumonia and the cranberry jelly type in pulmonary infarct; also the various types of stool, urine and discharges. Teach her, by the "law of exercise", to describe and record such observations accurately and to express them comprehensively.

The ears should be attuned for sounds, the typical goose cough in aortic aneurysm, stridor in laryngeal obstruction, the typical cry in meningitis, and the sudden change from stertorous to Cheyne Stokes respiration. She must also learn to enter rooms and move

around patients quietly (the latter does not come naturally as a rule). The sense of touch should also be developed, especially with regard to the taking of the pulse, the cold clammy skin in shock and haemorrhage, the hot dry skin accompanied with high fever, and the soft velvety skin associated with chronic alcoholism. The sense of smell should also be trained in connection with plaster casts, diabetics, and unconscious patients.

The importance of accuracy and punctuality should be stressed with regard to any form of treatment, especially in the administration of drugs, and she should be taught to apply her knowledge of their action. It is surprising how many obvious signs of untoward symptoms may pass unnoticed unless they are pointed out to her, even though she has been taught in the classroom. Impress on her the importance of loss of appetite as an early sign of digitalization and the importance of counting the pulse before administration of the drug. Teach her to be drug conscious, and to associate untoward signs and symptoms of any kind with the prescribed drug, and the period of administration.

In surgical wards, I found it a good plan to undertake the dressing of all wounds within the province of the nurse at least once a week, and two or three students and myself formed a team. One carried screens, prepared the patient, closed windows, and removed the bandage; the second prepared the field, handed forceps, dressings and antiseptics; the third prepared irrigations, boiled instruments, and applied bandages. From time to time I asked each student to change order, and to do at least one dressing before the round was over. In this way, one can do a lot of teaching and supervision while the work is being accomplished. Students are usually appreciative of and intensely interested in this program, and working with the

student gives a greater opportunity of evaluating her work. Similarly, one should demonstrate catheterization and the care of patients with incontinence, not omitting the psychological approach in making the patient mentally at ease. Likewise, demonstrate the procedure of placing a helpless patient on the bedpan, with the necessary hygiene afterwards. Too often this is poorly done, either through ignorance or indifference. The procedure of giving an extremely ill patient an enema can only be taught by demonstration by an expert, yet it is often classified as a very simple procedure, which can be taught on a clay model. Demonstrate the care of the oxygen tent, and of the patient in it, also the cleansing of a dirty mouth, and the care of patients who, through force of circumstances, are both dirty, and verminous on admission. Do not omit to remind students that in certain cases such as coronary thrombosis and gastric or pulmonary haemorrhage, it may be dangerous even to undress the patient for several hours, and therefore the procedure will have to be done gradually, and under the direction of the physician.

At least once a week, one should take the student nurses in the department around the ward, very informally and without warning. They should be questioned regarding medication, treatments, nursing care, laboratory tests, diagnosis and prognosis. It is a good plan for students to be present during medical rounds, so that they will develop an appreciation of their work in relation

to medical practice and feel a sense of shame if the patients' hygiene is not up to par, or if a treatment has been omitted. They should also learn how to prepare the patient, and the use of various instruments for medical and neurological examinations, and become familiar with new terms. The senior house doctor should be asked to discuss the medical angle and to interpret the various laboratory tests and therapeutic treatment.

A small clinical laboratory for the use of internes also facilitates the teaching program for student nurses. Another room should be set aside for both medical and nursing bedside clinics and should contain a library shelf upon which should be found a good medical dictionary, so that we may eliminate errors in spelling, not only from ward reports, but on permanent records. A good anatomy and physiology textbook is useful and other reference books may be added, depending on the service. The procedure book and the ward manual should be kept in the ward for immediate reference.

If there is an alert and exacting medical chief in charge who will not suffer fools gladly and who is equally interested in the welfare of patients, the education of medical students, student nurses, and the activities of research workers, then one has the ideal situation wherein to work. Here one will find that loyalty and co-operation between the medical and nursing staff which is so essential to the welfare of the patient.

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## Obituaries

Mrs. GORDON HOWDEN (Alice Trumble) died recently in Vancouver, British Columbia. She was a graduate

of the School of Nursing of the Saskatoon City Hospital, and a member of the Class of 1939.



# Health Teaching

HELEN BROWN

The plan of health-teaching carried out in the School of Nursing of the St. Catharines General Hospital begins with helping the new student to see the hospital in its community setting from its beginning in 1865, to the present. The background is rich in varied interests because of its historical and geographical aspects and because of the intermingling of old and new Canadian groups. From the beginning, an effort is made to have the student think of the patient in relation to her home situation, and her first nursing study is made of a patient whom she visits at home accompanied by the instructor.

In dietetics, normal nutrition is stressed. Junior psychology is planned so as to be of help so far as the student's own mental health is concerned. Bacteriology is introduced early in the preliminary course in order to stress its housekeeping implications and to try to ensure safer nursing care from the viewpoint of both patient and nurse. An effort is made to have the student appreciate the significance of each phase of the care of her own health. The reasons for physical examinations, immunizations, X-ray and reporting of illnesses are explained to her. She is taught to evaluate the adequacy of her own health program and this leads to a consideration of the health needs of other groups in the community and of the services available to meet them.

Conferences with the psychologist and social worker of the mental health clinic are arranged as early as possible. The psychometric findings and recommendations of the clinic are on file in the training school office, and often are

of great help if difficulties arise. It is felt that the young nurse is especially privileged in being able to discuss her problems with trained people who are outside the close integration of the nursing school, and yet familiar with it.

Visits to a dairy and to the municipal filtration plant are made during the first year, and through the kindness of the members of the department of health, it has been made possible for the preliminary student to have a glimpse of their work. This has been felt to be of great importance in the formation of nursing attitudes. One day is spent in schools and home visiting, and another at the child hygiene and chest clinics. The director of public health nursing feels that students should be given as much opportunity as possible to observe well children. During the second and third year, the student has two months experience in tuberculosis nursing, at the Niagara Peninsula Sanatorium. Experience in communicable disease nursing is also given in the isolation unit of the Hospital, as opportunity arises. A visit to the Ontario Hospital at Hamilton is also arranged.

Each senior student has two weeks of public health experience arranged as follows:

- 1½ days with the Victorian Order of Nurses, plus observation of a delivery in a home.
- 2½ days in the schools.
- 1 day with an industrial nurse.
- 1 day with the tuberculosis nurse (home visiting and chest clinic).
- 1 morning at the child hygiene clinic.
- 6 afternoons helping at the venereal disease clinic.
- 2 mornings at the toxoid clinic of the department of public health, including con-

ferences with the medical officer of health.

½ day home visiting.

By means of the measures outlined,

which include classroom, ward, and community experience, it is hoped to give the undergraduate student a background of health teaching which she may find useful.

## A Forward Step

In previous issues of the *Journal*, reference has frequently been made to the hospital training plan for auxiliary nursing members of the Canadian Red Cross Corps. This plan was formulated by the Canadian Red Cross Society, in co-operation with the Canadian Nurses Association and the Canadian Hospital Council, and is already in successful operation on an experimental basis. It is clearly understood that this training is designed for women who wish to give voluntary service and that it does not qualify them to become professional nurses.

The carrying out of the hospital training plan requires the co-operation of:

1. A local Branch of the Red Cross willing to sponsor the Plan and to make the necessary contacts with the local hospital (or hospitals) selected, and to work out further details with the Commandant of the Nursing Detachment of the Corps.
2. A civilian general hospital which carries on a training school for nurses and in which the Superintendent of nurses is prepared to receive candidates for training under the plan.
3. A local Detachment of the Nursing Auxiliary Section of the Corps with members who have the necessary qualifications and are prepared to give their time and to provide their own uniforms for the course of hospital training.

In order to facilitate the immediate development and possible expansion of the plan, the Canadian Red Cross Society has appointed a nursing supervisor, responsible to the National Commissioner, Dr. F. W. Routley, whose duty

it will be to help in maintaining effective and cordial relationships between the groups mentioned above. She will also work in close co-operation with the National Commandant of the Corps, Mrs. H. P. Plumptre; the National Commandant of the Nursing Auxiliary Section, Mrs. Keith Hutchison, R. N.; and Miss Eileen Flanagan, R. N., advisor for the Canadian Nurses Association to the Canadian Red Cross Corps.

The nurse chosen for this important and challenging task is Miss Norena Mackenzie who, for the past three years, has rendered outstanding service as superintendent of nurses and principal of the school of nursing in Jeffery Hale's Hospital, Quebec. Miss Mackenzie is a graduate of the School of Nursing of the Montreal General Hospital and of the McGill School for Graduate Nurses, and has spent a year in England in observing teaching and administration in British hospitals and schools of nursing. She has had valuable experience in the teaching field, first in the capacity of instructor in the School of Nursing of the Montreal General Hospital, and later in the School of Nursing of the Hospital for Sick Children, Toronto. Miss Mackenzie has first-hand knowledge of the administrative principles which are related to nursing service and will therefore be in a position to offer advice and assistance in connection with any problems which may arise in working out the plan for training auxiliary workers.



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# PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

## Kla-How-Ya, Tillicum!

MARGARET E. KERR

*Chairman*

*Public Health Section, Canadian Nurses Association*

Among the Indians of the Pacific Coast, friends are greeted with the phrase used as the title of this brief New Year's message to the public health nurses of Canada. As we enter upon a new year of activity, the executive of the Public Health Section of the Canadian Nurses Association, and I, as your Chairman, send our very sincere good wishes to all parts of the Dominion. To every public health nurse we say "Kla-how-ya, Tillicum"!

Through the medium of this, our own Page, we have exchanged ideas, we have opened up new lines of thought, and to a slight degree at least, have brought all the scattered members of the Section closer together. The Page has stirred the interest and enthusiasm of our sister Sections. We offer our congratulations to the Hospital and School of Nursing Section on their new Page and to the General Nursing Section which makes its bow for the first time in the current issue.

While considerable progress was made in 1941, there is very much for each of us to do in 1942. While we will be

busy with our own immediate jobs, there are many ways in which we may increase our effectiveness and, ultimately, the value of public health nursing in Canada. Every public health nurse should study the figures given in the article entitled "Public Health Nurses in Canada", which appears on our Page in this issue of the *Journal*. What factors are responsible for the fact that in 1940, 40 percent of the new appointments went to unqualified public health nurses? The general demand for nurses may lead to a serious curtailment of registration in the public health courses in our Universities, with a further shortage of qualified personnel. What can each individual public health nurse do to meet this situation? How can suitable nurses be interested in securing adequate qualifications? Only as each of us give serious thought to this problem can any solution be found.

The biennial convention of the Canadian Nurses Association is planned for this year, meeting in Montreal. What a wonderful stimulus it would be to have representative public health nurses

from every community in Canada present to participate in discussions. The New Year holds many unknown things for us. Perhaps a trip to Montreal!

## Public Health Nurses in Canada

MARGARET E. KERR and LYLE M. CREELMAN

Under the caption of "Some pertinent facts", and on the Public Health Nursing Page of the June, 1941, issue of the *Journal* (p. 414), a summary was given of the number of nurses graduating with full public health training from the various Universities in Canada. In that article it was intimated that a parallel study was being made of the number of nurses being absorbed annually into existing public health services. In securing the essential information, questionnaires were sent to each provincial Public Health Nursing Section. In addition, since both the Victorian Order of Nurses and the nurses of the Metropolitan Life Insurance Company have national headquarters, information regarding their staffs was secured directly. While some slight discrepancies may exist, in general it is believed the results present the picture as it exists in Canada today.

Table 1 shows the number of nurses reported, who are engaged in all branches of public health nursing in Canada. These totals assume a new interest when we break them down into the various branches of public health nursing service. Table 2 indicates the groupings which were used as the basis for the study, and also the total in each classification.

According to a survey which was recently completed in the United States, approximately 22 percent of the nurses employed in official agencies were found

to have completed at least one year of preparatory training in a university, which is the equivalent of our public health certificate. While it will be seen that in many of the classifications our Canadian figures compare very favourably, it is still far from our goal of the desirable minimum qualification of a public health certificate for all nurses engaged in public health work.

In making the study, particular interest was centred on the new appointments for 1939 and 1940. Table 3 shows the numbers appointed in each province, and the capital letters at the top of the columns have the following significance:

- A — holding a certificate in public health nursing.
- B — having experience in public health nursing but holding no certificate.
- C — having neither experience nor a certificate.
- D — total number appointed (A+B+C).

The column headed "number trained" refers to the figures reported for the years which were under consideration in the summary which appeared in the June issue of the *Journal*.

The public health nurses of Canada will be interested to know that further studies are being made to determine why 54 percent of the nurses who received new appointments in 1939, and 40 percent in 1940, are still without full public health nursing qualifications.



TABLE 1, TOTAL NUMBER OF PUBLIC HEALTH NURSES

Province	Number for whom information was obtained	Number who completed one year post-graduate training in P.H.N.	Percentage with Public Health Certificate
Alberta.....	119	43	36.1
British Columbia.....	179	146	81.5
Manitoba.....	116	23	19.8
New Brunswick.....	32	12	37.5
Nova Scotia.....	118	83	70.3
Ontario.....	753	594	78.8
Prince Edward Island.....	9	6	66.6
Quebec (English).....	388	152	39.9
" (French).....	251	37	14.7
Saskatchewan.....	72	19	26.3
Total.....	2037	1115	54.7%

TABLE 2, BRANCHES OF PUBLIC HEALTH NURSING SERVICE

Classification	Number Employed	Number with Certificate	Percentage with Certificate
Victorian Order of Nurses.....	358	271	75.6
Metropolitan Life Insurance Company.....	83	63	75.9
Industry.....	187	14	7.4
Out-patient Departments and other clinics.....	96	50	52.0
Social Welfare.....	86	29	33.7
Official Agencies.....	1227	688	56.0

TABLE 3, NEW APPOINTEES

Province	1939				Number Trained	1940				Number Trained
	A	B	C	D		A	B	C	D	
Alberta.....	2	2	12	16	16	3	1	12	16	8
British Columbia.....	15	—	2	17	18	17	—	—	17	18
Manitoba.....	—	—	5	5	2	5	3	9	17	4
New Brunswick.....	1	1	1	3	2	2	1	1	4	6
Nova Scotia.....	2	—	—	2	5	4	—	1	5	3
Ontario.....	13	1	—	14	64	50	—	2	52	65
P.E. Island.....	1	—	—	1	1	—	—	1	1	1
Quebec.....	10	10	17	37	25	29	15	24	68	30
Saskatchewan.....	1	2	1	4	7	1	1	3	5	8
Total.....	45	16	38	99	140	111	21	53	185	143

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## GENERAL NURSING

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Contributed by the General Nursing Section of the Canadian Nurses Association.

### The Point of View of the Registrar

PEARL BROWNELL

What service can a Registry render to the community? A well organized and efficiently conducted Registry acts as a liaison officer between the health needs of the community and the proffered services of the nurse. It should not be regarded as a species of sorting machine or a mechanical device for the placement of nurses and its functions are, or should be, psychological as well as administrative. The modern Registry is attempting to become an impartial and efficient vocational bureau where, during the past few years, the placement angle has assumed much greater proportions.

The Registry serves the community at large; not only hospitals, doctors and nurses. Types of calls are many, including calls from the hospitals, doctors and homes for private duty nurses, and for practical nurses for some house cases and for attendants in institutions. There are calls from hospitals in the city and in the country for staff and general duty nurses, often requiring those with special training in operating room technique, obstetrics, etc. There are calls for industrial nurses; nurses for doctors' offices; for laboratory and x-ray technicians; relief for nursing organizations in the city; nurses for Red Cross Outposts and for fresh air

camps; and, this last year, for voluntary help with evacuee children.

Many problems confront the registrar in filling these requests. Some private duty nurses refuse house cases, causing one to wonder what they themselves would think were members of their own families ill at home and unable to secure nursing care. Others accept only certain types of cases, though if a nurse has specially fitted herself for the type of work in which she is most interested, she cannot always be censured for so doing. Staff positions are often difficult to fill because many nurses lack the special preparation required for these positions. Not infrequently, general duty nurses are found to be deficient in some special branches of nursing. For example, too limited operating room or obstetrical experience causes her to feel inadequately prepared to give service in these departments. This raises the question as to whether schools of nursing should consider increasing their enrolment when the clinical experience they offer is so limited that the student cannot possibly obtain a proper training. Very often the registrar is called upon to assist these nurses in overcoming deficiencies by giving advice as to post-graduate courses.



Increasing difficulty is found in securing nurses for general duty and many complaints are poured into the ears of the registrar. While appreciating the experience gained in general duty and the security of a steady income, it is considered to be "too much like training," the work is hard and the hours are so long that by the time she is off duty it is too late for any social activity and she is too tired to care. It would seem that the sooner an eight-hour day is established, the better for all concerned. It is equally important that salaries be sufficient to allow for a decent standard of living with some possibility of insurance for the future. One feels like suggesting that some hospital boards look into the question of the minimum salary necessary for a nurse to maintain herself on a standard more in keeping with her status as a registered nurse. Again, many nurses have the personality and other qualifications which specially fit them for private duty; they find more satisfaction in this branch of the profession and wish to remain in it. After having the complete care of one patient, many have expressed the dissatisfaction felt in doing general duty and, as the situation is at present, having so much work literally thrown at them that it is impossible to give patients proper attention. This naturally makes the conscientious nurse unhappy and is the chief source of many complaints from patients regarding the care received in some hospitals.

During the last few years, many requests have been received from American hospitals for general duty nurses. When we had a surplus, we were glad to fill these calls and the majority have given a good account of themselves. At present, there is a great shortage across the line and we are receiving many calls which we are now unable to meet. The nursing situation here has changed

so suddenly that we ourselves are faced with a serious shortage for our own needs. If we continue to send our nurses away and so deplete our ranks, we shall be forced to increase the number of our students giving them less than is desirable, thus turning out a poorly equipped graduate. While we do not wish to appear selfish, we feel definitely that our first duty is essentially the protection and safeguarding of our own needs. Canada has been at war two years, and there is a chance that, should the situation change in the United States, Canadian nurses would be the first to be released. That insecurity is inevitable, but it is an argument against encouraging great numbers to leave Canada at the present time.

Many are asking "where are the nurses"? Quite a number are in military service and there is also the fact that more money is being spent for nursing care. In Winnipeg, hospitalization has undoubtedly been responsible for a considerable increase in calls for private duty nurses, and hospitals, for the same reason, are being taxed to capacity, requiring more staff. The trend seems to be fewer calls for private duty nurses in the homes and more for the hospitals. Practical nurses are being called if the patient is not ill enough to require hospital care or cannot afford the services of a registered nurse. A registry which includes practical nurses is able to give a better service to the public, because it is more satisfactory to consult the same office regarding the needs of a particular case.

With the situation changing so rapidly, how are we to meet the increasing demands resulting in the present shortage which confronts us? Rather than revert to the ten-and twelve-hour day for private duty nurses, careful consideration might be given

to group nursing in the hospitals. Patients in the homes, not in need of constant attention, might make more use of existing services such as the Victorian Order of Nurses. Many retired nurses have offered their services and

in some instances have already been called upon to meet an emergency. We are at war, and many adjustments will be necessary. Nurses on the home front must be prepared to make sacrifices in order that no one will call in vain.

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## A Word to the Registrar

HELEN M. JOLLY

Yours is a three-fold service : to the public, to the doctors and to all nurses who are qualified to use the registry. To the public you are a friend in the time of trouble, and your cheery response extends to them a hand in time of need. They rely on you to attend to their needs, knowing that confiding in you has taken a worry off their shoulders. Many and varied are their wants, but always they receive from the registrar the best she can give them, whether it be at 1 p.m. or 3 a.m. To the doctors, the registrar is an asset and one of the main spokes in the wheel. It is the registrar that introduces nurses by telephone to the doctors. She does her work wisely and well, offering suggestions when needed and doing her utmost to secure nurses when wanted. The registrars also look after some of the doctors' calls, taking messages to be delivered when the doctor's family are out of town and there is no one to attend to the house telephone. Some doctors claim that they couldn't manage without the help of the registrar. Doctors in the country as well as the superintendents of country hospitals, find the registrar a friend indeed. It is from her that they seek help when needing nurses and they rely on her at all times. Early or late, week days or Sundays, she takes care of all needs.

The nurses, graduate or practical, couldn't manage without the registrar, whether they realize it or not. She keeps the call list, thus enabling nurses to go and come without worry of securing work. Often, yes, many times I fear, we forget to remember that she is human. Due unfortunately to a death, we come off a case at 3 a.m. and without thinking, phone the registry to put our name back on call before going to bed, little realizing that the registrar is getting her first sleep of the night and that she, unlike us, will most likely be kept busy from 7 a.m. on, and have no further time for sleep. So, nurses, look at your watch and think before telephoning. Take a little time off to be kind. To nurses coming into the city from other provinces or from the United States, the registrar is a most important link. She guides them where to eat and sleep and as to what the essentials of registering are. She introduces them to the personnel of the hospitals and to the nurses with whom she will work. She is courteous and kind and the impression she makes on these strangers within her gates is a permanent and important one. She has many irons in the fire, such as acting on different committees, helping guide the nurses association, looking after x-ray equipment, undertaking the



supervision of appeals for funds needed by the war campaign, and many others too numerous to mention. We owe many things to you, Registrars, and

perhaps we haven't taken the time to tell you. So, on behalf of all the private duty nurses across Canada, I extend our very grateful thanks.

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## Book Reviews

**The Public Health Nurse in Action**, by Marguerite Wales, R.N., F.A.P.H.A., Nursing Education Consultant, W. K. Kellogg Foundation, Battle Creek, Michigan. 437 pages, including index. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, \$2.75.

Very important to nurses in general, both graduates and undergraduates, but more specifically to public health nurses, is the publication of Miss Wales' book. Further than its value to nurses, it is written in such a style as to reach out to the community, giving information to lay groups regarding the work done by the public health nurse. Because of this use, it can be regarded as a valuable tool in educating and enlightening boards and committees in the activities of a public health nurse. The author has very properly given her text a title of action, and this action is carried with vitality and adeptness throughout its pages. It leaves in the reader's mind a sense of enthusiasm and vigour and rekindles a determination to go out and tackle human problems with renewed forcefulness.

The book is unique in its kind. We have had texts before dealing fully with the principles of public health nursing. Others have evaluated the performance of public health nurses in their various activities. "The Public Health Nurse in Action" is an ingenious combination of both, making theory and practice travel hand in hand, quietly and effectively. Each chapter begins with a discussion of the problems to be presented in one phase of public health nursing; following this general discussion, the problems are vitalized by means of a group of case histories. Special notes and printing arrangements are used to emphasize and summarize

both the principles set forth and their application. So vivid are the case histories that the reader forgets herself as one with a book before her, but rather she too is in the district, moving freely and easily among families, working with them towards health promotion and leading the way to a richer and fuller life.

Miss Wales, who writes so freely and easily within a wide range of subject matter, has for many years directed the Henry Street Visiting Nurse Service, New York City, and is at present Nursing Education Consultant in the Kellogg Foundation, Battle Creek, Michigan. She has at her command not only a wealth of personal experience but also a wide knowledge of the work of others, to whom she has turned for assistance in the compilation of her book. A "must have" among new books for up-to-date public health nurses is this publication. Indeed this timely book should have a space set aside for it in every school of nursing library.

GERALDINE E. LANGTON,

*Field Work Supervisor,  
Department of Nursing and Health,  
University of British Columbia.*

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**Be Healthy**, by Katharine Bruderlin Crisp, teacher of biology at East High School, Denver, and prepared under the direction of the Department of Health Education of Denver Public Schools and the Department of Research and Curriculum. Illustrated. 532 pages. Published by J. B. Lipincott Company, 215 Victoria Street, Toronto, Ontario.

This is a simply written introductory book on health and is intended for use in high schools. The subject matter is divided into

four sections. The first two deal with subjects that are more obviously related to health, and the last two with the essentials for maintaining health in a modern community, stressing the Federal Government, the State, and the individual's responsibility. Each chapter ends with questions based on its contents with reference lists on subject

material. The book is well illustrated, bringing out points which would be difficult to express otherwise.

DOROTHA TRUESDALE,  
Staff Nurse,  
Victorian Order of Nurses,  
(Hamilton Branch)

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## Golden Jubilee of P.E.I. Hospital

The fiftieth anniversary of the School of Nursing of the Prince Edward Island Hospital was celebrated recently at a special meeting of the Alumnae Association presided over by the president, Mrs. J. W. MacKenzie. In a most interesting address, Miss Anna Mair, superintendent of the Hospital, spoke of the founding of the old hospital in 1883 with a capacity of twelve beds but with no trained nursing staff. In 1891 it was decided to appoint a matron and this position was accepted by Miss Jessie Sheraton, a graduate of the School of Nursing of the Saint John General Hospital, through whose efforts a school of nursing was established. The course of training lasted two years and the first class graduated in 1893 with two members, Miss

Sarah Arthur and Miss Ella Tynan. Miss Arthur is now living in Summerside, and Miss Tynan, who later served for some time as superintendent of the Hospital, resides in Saskatoon. Nurses were graduated intermittently during the years which immediately followed but, since 1903, yearly graduating exercises have been held and 218 well-qualified nurses have been trained to care for the sick. A flourishing Alumnae Association was formed three years ago. Graduates of the School were in attendance from all parts of the Province, including Miss Bessie Beer, a former superintendent and everyone thoroughly enjoyed listening to Miss Mair's excellent address and exchanging happy reminiscences of training days.

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## Psychiatry in Nursing

A series of ten weekly lectures and demonstrations on psychiatry in nursing will be given under the auspices of McGill University on Thursday evenings, beginning January 15 and ending on March 19. The lectures will be given at the McGill School for Graduate Nurses and the demonstrations at the Verdun Protestant Hospital.

Lectures on the following topics will be given by Dr. George E. Reed, assistant medical superintendent, Verdun Protestant Hospital: historical, legal and technical background of nursing practice with the psychiatric implications; fundamentals of men-

tal health; the individual patient and his particular and social environment; application of psychiatry to administrative and other nursing specialties; problems associated with nursing in war time and the reconstruction period; future developments and responsibilities.

Demonstrations and conferences will be given at the Verdun Protestant Hospital and will be participated in by Dr. T. E. Dancey, Dr. H. Lehmann, Dr. K. Stern, Dr. Skitch, and the nursing staff of the Verdun Protestant Hospital. The fee will be \$5.00.



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## STUDENT NURSES PAGE

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### Bromide Intoxication

ALINE O'CONNOR

*Student Nurse*

*School of Nursing, Provincial Mental Hospital, Ponoka, Alberta*

Until recently, the bromide salts were not commonly recognized as a cause of intoxication, but it has now been found, in some psychiatric hospitals, that as high as seven per cent of admissions are diagnosed as bromide intoxication. The number of patients admitted to our hospital suffering from this condition is increasing and, because of this, a test is done to determine the presence of the drug in the blood of any patient displaying unusual mental symptoms.

An interesting example is the case of Mrs. X, aged 48 years, who was recently admitted to the Ponoka Mental Hospital. She was drowsy and there was a strong odour of paraldehyde about her person. According to the certificates of admission, she had been examined by two medical practitioners and found psychotic. Mrs. X had a happy and active home life and, until one year previously, was in her usual state of health. Since that time she had become increasingly nervous and irritable at menstrual periods and, on the advice of her family physician, began to take small amounts of a prescription containing sodium bromide to relieve the condition. The nervousness did not decrease, and one month before her admission she entered a general hospital

for treatment. There she became over-active. Two drams of elixir triple bromide were given four times a day to quieten her but seemed to have the opposite effect. She began to hear voices and, in response to them, was on several occasions violent to the staff. She was then transferred to our hospital.

She appeared to be in good physical condition, although her mouth and lips were very dry and she had a slight fever, rapid pulse, and respirations. During the first evening, when she had recovered from the effects of the hypnotic, she became noisy and unco-operative, refusing to remain in bed. Her speech was thick and jumbled, her gait was unsteady. She believed she was still in the general hospital. The next morning, with some difficulty, the routine admission blood Wassermann and lumbar puncture were done. The serology was found to be negative, but the test for bromide showed 282 mgms. bromide per 100 c.c. blood serum. Normally there is no bromide in the blood.

For nearly two weeks the patient varied between extreme excitement and quietness; at times she was almost comatose, then would become terrified and noisy because of vivid delusions

**WANTED**

Applications are invited immediately for the position of **Superintendent of Nurses** in a completely-modern hospital with 75 adult beds. The training school is in charge of a full-time instructor, and the business of the hospital is handled by a manager and clerical staff. Apply, stating qualifications, experience, and when available, in the first letter to:

**S. N. Wynn, Chairman, House and Property Committee, Queen Victoria Hospital, Yorkton, Sask.**

and hallucinations. She believed her husband was being executed, that there were large men and monstrous animals on the ceiling and that the building was on fire. During this period, nursing care was difficult to give. It was important that she remain in bed while her temperature was elevated, but she refused to do so. Restraint was not advisable, for it would aggravate fear. Sedatives were given at night, usually paraldehyde, as it is least toxic and most easily eliminated. Special care was given to her mouth to relieve the dryness and discomfort. She refused fluids, believing them to be poisonous. Nourishment was given by intravenous therapy and by gavage.

When the bromide level had fallen below 200 mgms. per 100 c.c. blood, Mrs. X's bizarre behaviour disappeared. She was now restless and at times anxious and fretful. More active eliminating treatment was then undertaken and she was given continuous bath therapy for six hours daily. At first she was suspicious of the treatment, believing it an attempt to drown her. Later, she rested and slept well throughout the series. Ninety grains sodium chloride, (common salt), were given per day, in an effort to displace the bromides. She refused capsules, believing them poisonous, so the salt was fed in beef broth.

The bromide content in her blood was measured every few days and,

generally speaking, the improvement in this patient's mental condition paralleled the fall of the bromide level. She gradually became more and more stable, co-operative and pleasant. Her appetite was improved and she slept well. She was able to remain in the day room, where she willingly assisted with ward work. She took an interest in her personal appearance and began to mix with other patients. Mrs. X now had insight into her condition and its cause and began to co-operate more readily with the treatment. One month after admission, the bromide had been reduced to 43 mgms. per 100 c.c. serum. Occasional headache, fatigue, debility, were the only symptoms remaining. Ten days later the bromide was negative and she had resumed her normal pleasing personality. Six weeks from the day of admission she was discharged.

Bromide salts are a valuable sedative. Their danger lies in the fact that some people do not eliminate them readily and they quickly accumulate in the blood. They are often prescribed unwisely and are readily available to the public in patented forms, even obtainable across restaurant counters. Bromide intoxication can be prevented by discrimination on the part of physicians in prescribing bromides as sedatives, and by restricting the accessibility of patented forms to a public ignorant of their danger.



## Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Catharine McDougall* has been transferred from the North Bay staff to the staff of the Burnaby Branch to replace *Miss Phyllis Boden*, who has been appointed nurse-in-charge of the Surrey Branch.

*Miss Phyllis Bond*, nurse-in-charge of the Surrey Branch, has resigned to be married.

*Miss Dorothy Piche* has been transferred from the staff of the Sudbury Branch to the staff of the North Bay Branch.

*Miss Mary Webster*, who has been on leave of absence from the staff of the Belleville Branch, has resigned to be married.

*Miss Elizabeth Whiston*, who has been on leave of absence from the Order to attend the course in public health nursing at the School for Graduate Nurses, McGill University, and to take training in communicable disease nursing at the Alexandra Hospital, Montreal, has been appointed to the staff of the Truro Branch.

*Mrs. J. M. Hill*, a graduate of the Rhode Island Hospital, and formerly employed on the Halifax and Yarmouth Branches, has been appointed nurse-in-charge temporarily of the Canso Branch.

*Mrs. Ian MacKay*, a graduate of St. Luke's Hospital, New York City, and formerly a member of the Toronto staff, is relieving on the Sydney staff during the absence of

*Miss Dorothy Fowler*, who is on leave of absence because of ill-health.

*Miss Eileen Dymond*, a graduate of the Calgary General Hospital and of the course in public health nursing at the University of Toronto, has been appointed to the staff of the York Township Branch, replacing *Miss Catherine Maddaford* who has been transferred to the Peterborough staff.

*Miss Ethel Grindley*, a graduate of the Montreal General Hospital, and of the course in public health nursing at the School for Graduate Nurses, McGill University, and formerly on the Montreal staff, has been appointed to the staff of the Toronto Branch.

*Mrs. Daisy Bell*, formerly employed by the New Glasgow and Lunenburg Branches, has been appointed to the staff of the Montreal Branch.

*Miss Patricia Kennedy* has resigned from the Montreal Branch.

*Miss Helen Hudson* has resigned from the Hamilton Branch to be married.

*Miss Ruth Akagawa* has resigned from the staff of the Vancouver Branch.

*Miss Elizabeth Logie* has resigned from the staff of the Vancouver Branch to accept a position with the American Can Company.

*Miss Mary Younge*, formerly on the staff of the London Branch, is relieving in Smiths Falls during *Miss Bluhm's* leave of absence because of illness.

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## A Stimulating Extension Course

A most successful extension course in hospital administration was conducted in the School for Graduate Nurses, McGill University, during the first term of the current session. The fact that there was an attendance of thirty-eight nurses, who hold administrative and supervisory positions in Montreal and adjacent districts, was evidence of the general interest in, and need for such a course. The School was most for-

tunate in securing Dr. Harvey Agnew, secretary of the Department of Hospital Service, Canadian Medical Association, to open the course with a series of eight lectures which were very stimulating. The other lecturers were all specialists in various departments of hospital administration.

The following topics were chosen by Dr. Agnew: the development of hospitals and the hospital system in Canada; fundamentals

of hospital organization and administration; relationships of the hospital; the medical staff; hospital ethics. Other speakers and their topics were as follows: Mr. A. H. Westbury, chief accountant, Montreal General Hospital, the business office; Dr. J. E. de Belle, superintendent, Children's Memorial Hospital, admission and discharge; Miss Ruth Park, dietitian-in-charge, Montreal General Hospital, organization and administration of a dietary department; Mr.

A. W. Smith, assistant to superintendent of Royal Victoria Hospital, stores control and purchasing; Mr. J. Cecil McDougall, architect, hospital planning and construction; Mr. F. F. Cohen, superintendent, Jewish General Hospital, the hospital pharmacy; Dr. L. Gilday, superintendent, Montreal General Hospital, special problems in the administration of a private pavilion; Dr. G. S. Stephens, superintendent, Royal Victoria Hospital, group hospitalization.

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## Overseas Nursing Sisters Association

On Armistice Day, the president and members of the Ottawa Unit of the Overseas Nursing Sisters Association placed wreaths before the Nurses Memorial, in the Hall of Fame of the Parliament buildings. At a subsequent meeting, the unit had the pleasure of entertaining Miss Elizabeth Smellie, C. B. E., R. R. C., Matron-in-Chief in Canada, and Nursing Sister Roberts, formerly in

charge of Deer Lodge Military Hospital in Winnipeg and now attached to the office of the Matron-in-Chief. Miss Gertrude Halpeny was re-elected president, and the following executive were also returned to office: Secretary, Miss Mabel O. Hamilton; treasurer, Miss Estelle Mitchell; flower convener, Mrs. A. Bell; social convener, Mrs. J. H. Stitt.

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## NEWS NOTES

### ALBERTA

#### VEGREVILLE:

The members of the Vegreville General Hospital Alumnae Association were guests of honor at a social evening sponsored by the probationers, which was held recently. An enjoyable evening was spent and the older nurses were pleased to make the acquaintance of the new members of the School. Arrangements have been made by the Sisters to entertain the Alumnae Association members and student body monthly at the nurses residence. An instructional and recreational Filmsound picture will be shown at each entertainment.

Miss A. Wynnchuk and Miss Lena Wispinski, formerly on the staff of St. Mary's Hospital, Camrose, are now holding positions at St. John's Hospital, Minnesota. Two ditty bags were filled by the Sisters, Alumnae Association members, and student nurses.

The following marriages of Vegreville General Hospital graduates have recently taken place: Miss L. Blouin to Mr. R.

James; Miss H. Bartsch to Mr. C. Thompson; Miss T. Finlin to Mr. W. Rovang; Miss P. Cadour to Mr. Rene Landry.

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### BRITISH COLUMBIA

#### PRINCE RUPERT:

The Prince Rupert Chapter of the R.N.A. B.C. was formed at Prince Rupert on March 3, 1941. The following executive were elected: chairman, Miss E. D. Priestly; vice-chairman, Miss E. Dobbie; secretary, Miss B. Berner; treasurer, Miss J. Foster. Meetings are held monthly, the most interesting part being the study of discussion group outlines entitled "When is Nursing?" Two lectures on war-time poison gases were given by the gas instructor from the local garrison and a talk on "Shanghai, its civic government and the Japanese Menace," by Captain Marsden, recently arrived from that city. Contributions of \$16 and \$22 respec-



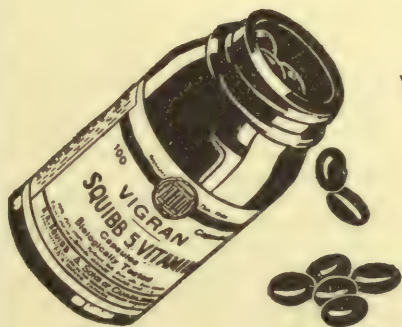
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tively have been forwarded for the British Nurses Relief Fund. The visit of Miss K. Sanderson of Vancouver, convener of Districts and Chapters, was greatly enjoyed.

#### VANCOUVER:

After the transaction of routine business at the November meeting of the Vancouver Graduate Nurses Association, the members attended a mass meeting of all nurses in Vancouver, called to hear our new provincial secretary, Miss Evelyn Mallory, report on the joint conference of Directors of the University Schools of Nursing and the Canadian Nurses Association Executive Committee which she attended in Montreal. Miss Mallory painted a vivid picture of the state of nursing affairs as revealed at that emergency meeting. The report and its recommendations were brought as a challenge to all present and left a sense of responsibility on every nurse to do her part in preserving and maintaining the highest standards of the profession. Over 200 nurses were in attendance.

The Vancouver Graduate Nurses Association began its fall and winter session with the important topic of the blood banks. It was felt that all our nurses should have such knowledge because one has been opened in Vancouver. Dr. Dolman, Director of Provincial Laboratories, gave a comprehensive and enlightening address on the processing of the blood, with exhibits of the products prepared for shipment to Britain. Some of our nurses have since been associated with the establishment of the blood bank.

Nurses must answer the call for support to our sister nurses in Great Britain who are so gallantly doing their duty, and the Association recently sponsored a bridge at which the sum of \$163.85 was contributed to the British Nurses Relief Fund.

#### MANITOBA

##### WINNIPEG:

##### *Children's Hospital:*

At a meeting of the Children's Hospital Alumnae Association, which was held recently, the following officers were elected: president, Mrs. Warren Stewart; first vice-president, Miss M. Perley; recording secretary, Miss E. Hyndman; corresponding secretary, Miss E. Young; treasurer, Miss B. Thain; committee conveners: program, Miss M. Smith; ways and means, Mrs. H. Moore; visiting and Red Cross, Mrs. Campbell; membership, Miss R. Hutton; news editor, Mrs. Geo. Jack.

The following marriages have recently

taken place: Florence S. MacDonald to Gordon Reeves; Jean E. Montgomery to Roy Nordgren; Dorothy Still to Herbert Moore; Hedwig J. Hahr to Jacob C. Kirby; Frances M. Irwin to Noble L. Kingdon; Elberta Peterson to George F. Kiewel.

##### ST. BONIFACE:

##### *St. Boniface Hospital:*

Miss Nellie K. Goodman has replaced Miss Edith Swaine on the teaching staff of St. Boniface Hospital. Miss Goodman is a graduate of the School of Nursing of the Regina General Hospital, and of the McGill School for Graduate Nurses in teaching and supervision.

Three St. Boniface graduates have volunteered to serve in South Africa, namely: Laura M. Wastle (1936), Grace Govenlock (1939), Jean Wheeler (1941).

Miss Frances Gillis (1940) has commenced a course of combined theoretical and practical work at the University Hospital, New Brunswick, N. J.

The 1941 graduating class contributed \$100 to the British Nurses Relief Fund. St. Boniface student nurses have this year established a Student Council and student fund. In aid of the British Nurses Relief Fund, the students held a very successful silver tea.

#### NOVA SCOTIA

##### HALIFAX:

At a recent meeting of the Halifax Branch, R.N.A.N.S., the feature of the evening was an original playlet, "One dollar and eighty-three cents", written by Misses Reta Myers, Julia Flynn, and Jean Forbes, of the Victorian Order of Nurses. The property and stage manager was Miss Marion Shore, convener of the public health committee, Halifax Branch. Reviews of articles recently published in the *Journal* were given by Miss Helen Joncas, instructor of nurses, Victoria General Hospital; Miss Grace Porter, provincial convener of the General Nursing Section; Miss Gertrude Crosby, staff nurse, Halifax Department of Public Health and Welfare; Miss Ruth Hart, member of Provincial Red Cross Emergency Committee. An appeal for subscribers to our magazine was made by Mrs. J. T. Luscombe, member of the provincial library committee. Posters, illustrating the benefits of reading *The Canadian Nurse*, were prepared by Miss Pat Flynn and by members of the nursing staff of the Halifax Infirmary.



## KENTVILLE:

A recent meeting of the Valley Branch, R.N.A.N.S., was held at the Blanchard-Fraser Memorial Hospital. It took the form of a masquerade party celebrating the seventh birthday of the organization of the branch. Costumes were judged by two Nursing Sisters from the Military Hospital at Aldershot. Games were played and prizes given. The birthday cake, topped by seven candles, was cut by the president, Miss Richardson. Following lunch a short business meeting was held.

## ONTARIO

## DISTRICTS 2 AND 3

## BRANTFORD:

The autumn meeting of the public health nurses of Districts 2 and 3, R.N.A.O., was held recently in Brantford. The weather man was kind, giving glorious sunshine to show up the riot of colour everywhere. Twenty-nine public health nurses met at the Ontario School for the Blind and were escorted through the school and work rooms. It was interesting to watch the children from 6 to 8 years in the primary room, learning the various grouping of the dots that make up the Braille letters. We were told that at one time, the pupils in this primary room would often be 16 to 18 years or even 20 and over, but that, owing to more knowledge of the functions of the school and to public health teaching, most of the beginners were now from 6 to 8 years of age. We watched a class learn to write to the tune of a nursery rhyme, stamping the letter, on the down beat of the bar, in the grooved ruler, clamped to the board on which the writing paper was held. Some very fine pieces of woodwork and basketry were proudly shown us and we watched the pupils typing their notes. Before we left the building, a senior pupil led us to the assembly hall where another girl of the same class played selections on the pipe organ.

A tour of other interesting places was made en route to supper. The Bell Memorial was admired and a stop was made at the Brant Memorial to examine the marvelous piece of bronze sculpture wrought by the same artist whose magnificent memorial to Champlain looks out across Lake Couchiching from the park in Orillia. The next stop was at the Indian School where we saw the silver communion set given to the Mohawks by Queen Anne, and the precious old Bible containing the autographs of most of the members of the royal household who have

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visited Canada, and the names of many premiers and other important visitors. We sat enthralled in the Queen Anne Chapel and listened to the incumbent tell how the Queen, at the request of the Mohawks, built them a chapel in 1711 at Fort Hunter.

The home of Alexander Graham Bell, where he conceived the idea of a wire which would transmit messages, was our next brief stop and then supper, with a teacher from the School for the Blind to tell us about the work and to interpret what we had seen during the afternoon.

### *Brantford General Hospital:*

At a recent meeting of the Alumnae Association of the Brantford General Hospital, Mr. R. J. Waterous, former mayor of Brantford, gave a graphic picture of conditions in England, as seen and experienced by him on his trip there a year ago. At the December meeting of the Alumnae Association, Dr. Leslie Bier, a missionary on furlough from Africa, gave an interesting talk on his work in Africa, illustrated by lantern slides. A raffle was held recently by members of the Alumnae Association, the proceeds to be used for Christmas parcels overseas.

The following graduates of the B.G.H. are taking postgraduate courses at the School of Nursing, University of Toronto: D. Linscott, H. Cuff (teaching and supervision); G. Jones, J. Sterne, G. Knisley (public health). Miss M. Terryberry, who attended the School of Nursing last year, is now assistant superintendent of nurses and clinical instructor at the B.G.H. Miss E. Anderson (B.G.H.) is working at the Florence Crittenton Hospital, Detroit.

The following marriages of Brantford General Hospital graduates have recently taken place: Miss H. Turner (1926) to Mr. Force; Miss E. Bryant (1937) to Capt. Walter Peace; Miss E. Davies (1929) to Cpl. J. Casey; Miss M. Peach (1936) to Dr. L. Rice; Miss L. Kuhl (1933) to Mr. F. Scace; Miss J. Spry (1939) to Mr. T. Hobden; Miss G. Larmon (1939) to Mr. R. Brittain.

### KITCHENER:

The following have been elected as officers of the Kitchener and Waterloo General Hospital Alumnae Association: honorary president, Miss K. W. Scott; president, Mrs. H. Christner; first vice-president, Miss G. Cornwall; second vice-president, Miss R. Bagshaw; secretary, Miss O. Daitz; treasurer, Miss E. Janzen; committee conveners: program, Miss L. Daniel; social, Mrs. R.

Hodd; flowers: Misses M. McManus, M. McLean; representative to *The Canadian Nurse*, Miss A. Leslie.

Miss Helen Peer (Kitchener and Waterloo General Hospital, 1938) is the first Twin City nurse to volunteer to serve in a South African Military Hospital since the call came for Canadian nurses. After completing a postgraduate course in psychiatry at London she went to Woodstock where she was on the staff of the Ontario Hospital.

Miss E. Janzen has completed a postgraduate course in obstetrics and is now on the staff of the K.W.H. Miss C. Fraser has accepted a position at the Hamilton Hospital, Bermuda.

The following marriages have recently taken place: Miss J. MacDonald (K.W.H., 1940) to Mr. W. Bogg; Miss W. Tennant (K.W.H., 1940) to Mr. Carl Pequeznat.

### DISTRICT 4

#### HAMILTON:

Proceeds from the dance and bridge held on November 21, and sponsored by the Alumnae Association of the Hamilton General Hospital will be forwarded to the Lord Mayor's Fund.

Married: Recently, Miss Mary Helen Warren to Lieut. John K. Moss, M.D.

### DISTRICT 5

#### TORONTO:

The winter meeting of District 5, R. N. A. O., was held recently at the Toronto General Hospital with an attendance of over 200. The Very Rev. Dr. Peter Bryce, pastor of the Metropolitan Church, in pronouncing the Invocation, gave a splendid start to the meeting.

From the correspondence it was learned that the Central Registry, Toronto, is planning re-organization and has appealed for assistance in so doing to Miss Marjorie Buck, Norfolk General Hospital, Simcoe, chairman of the committee on Registries of the R. N. A. O. The most important item of business dealt with was that of secretary-treasurer for the District. Our membership has increased considerably in the last few years and it was felt that an honorarium should be paid to the nurse holding this office. After studying the report and the recommendations contained therein, it was decided to combine the offices of secretary and treasurer and pay an honorarium of \$150 a year. Our membership now stands at 1605 and the contribution to the aid of British Nurses has reached the total of \$5,787.



Miss Claribel McCorquodale, supervisor of nursing, Department of Radiology, Toronto General Hospital, presented her illustrated and now famous lecture on "A nurse looks at radiology". Before and after the meeting, the exhibit "Carry On" was on display with Miss Muriel Winter giving an explanation. We were indeed fortunate in being able to have both Miss Corquodale and Miss Winter with her exhibit.

### *Wellesley Hospital:*

At a recent war work meeting of the Wellesley Hospital Alumnae Association, Miss Jean Harris reported that 105 knitted articles had been sent to the Red Cross. Miss Grace Bolton reported that 138 knitted articles had been sent to British and Canadian sailors, and letters of appreciation were read. Miss Mary Stanton reported on clothing received by Miss H. Cunningham, a Wellesley graduate in charge of a group of evacuees in England. Miss Gretchen Schwint reported on food which had been sent to Wellesley graduates overseas.

Identification bracelets were presented to Miss Constance Cuthbert, who will leave shortly for service in South African military hospitals, and to Miss Enid Moore, who is at Camp Borden.

Dr. R. G. Warminton spoke to the nurses on new drugs and their uses. A motion picture entitled "Britannia is a Woman", depicting British women's war work, was shown, following which Mrs. G. D. Conant, vice-chairman of the Canadian Women's Voluntary Services, gave an address on the organization and work of the C. W. V. S. A social hour followed.

### DISTRICT 8

#### OTTAWA:

The Hospital and School of Nursing Group of District 8, R. N. A. O., sponsored a refresher course which was held in the Ottawa Civic Hospital and the Ottawa General Hospital. The course was conducted by Miss Marion Lindeburgh of the School for Graduate Nurses, McGill University. The subject was "Better nurses—Better nursing." The attendance was gratifying, numbering 87 registrants and the response was enthusiastic. Keen interest in the supplement was aroused and the lectures and demonstrations were appreciated by all.

### *Lady Stanley Institute:*

At a recent meeting of the Lady Stanley Institute Alumnae Association it was recorded in the minutes that in the death of



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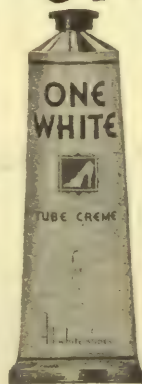
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Miss Florence J. Potts, the Association had lost a member and an honorary vice-president who was an outstanding personage in the nursing world, not only in Canada but also in the United States.

## DISTRICT 9

### SUDBURY:

At a recent meeting of the Sudbury Chapter, District 9, R. N. A. O., we were very fortunate in having with us Miss Ferguson of Ottawa, district supervisor of the Victorian Order of Nurses, who gave a very interesting talk on the work of the Order. A demonstration of the nursing technique during a confinement in the home was given by Miss Aylward, of the Sudbury branch of the V. O. N. This was also interesting and very helpful. The use of the Baxter intravenous set was demonstrated by one of the student nurses of the hospital.

At a recent meeting of the Muskoka Chapter, Nursing Sister Barry Bowles, R. C. A. M. C., gave an interesting account of a nurse's life in a military hospital.

## PRINCE EDWARD ISLAND

### CHARLOTTETOWN:

The following graduates of the School of Nursing of the Prince Edward Island Hospital have recently arrived safely in England: Bessie MacKenzie, Mae Hartz, Marion Bernard, Doris MacDonald, Anne Rodgeron, Hattie MacLaine, Georgina Thompson, Helen Wood. The following graduates have volunteered for service in South Africa, and are expecting to leave in the near future: Norma Ayers, Marjorie Cox.

Miss Eileen Howard and Miss Ruth Toombs have recently been appointed to the staff of the Provincial Sanatorium.

## QUEBEC

### MONTREAL:

#### *Montreal General Hospital:*

Miss Eardley Wilmot (1938) has been appointed to the staff of the Jeffery Hale's Hospital, Quebec. Miss E. M. Eagleson (1941) has been appointed to the staff of the Children's Memorial Hospital, Montreal. Miss Beatrice Adam (1941) has been appointed to the staff of the Montreal Children's Hospital. Miss Amy Briard (1940) has



been appointed to the staff of Arvida Hospital, Arvida. Miss Edith Harrison (1941) and Miss Frances A. M. Fraser (1941), are both doing floor duty at the Western Division, Montreal. Miss Carmen Budd (1923) has resigned her position in the investigation branch, out-patients department of the Montreal General Hospital. Miss Ethel Grindley (1935) has accepted a position with the Victorian Order of Nurses in Toronto.

The following marriages have recently taken place: Miss Anna D. Brown (1941) to Mr. Henry R. Stoker; Miss Rose Harris (1941) to Mr. Roland Carrier; Miss Stella Pearl (1937) to Dr. Phillip Gituick.

### *Royal Victoria Hospital:*

At the December meeting of the Alumnae Association the guest speaker was Dr. Wilder Penfield who gave an interesting address, his topic being "Afterthoughts of a Medical Mission to Great Britain".

Miss Margaret Baillie (R.V.H., 1940) has returned from Bermuda and is doing private duty in Kingston. Miss Mildred Goodill (R.V.H., 1940) has been accepted for active service in South Africa.

Miss Cathryn Cummings (R.V.H., 1941) has succeeded Miss Elizabeth Stewart as head nurse in the women's medical ward. Miss Stewart is now in charge of the cystoscopy room in the urological department, in place of Miss Helen Murphy, who has resigned. Miss Nancy Hurst (R.V.H., 1939) is assistant night supervisor in the main building, replacing Miss Rhoda Stewart who resigned to be married. The following marriages have recently taken place: Miss Edwina Matheson (R.V.H., 1940) to Mr. Charles L. Hudson; Miss Janet Gordon (R.V.H., 1941) to Mr. Roderick Sylvester Robson; Miss Rhoda Stewart (R.V.H., 1936) to Flight Lieut. George David Colbick.

### *McGill School for Graduate Nurses:*

A regular meeting of the Alumnae Association of the McGill School for Graduate Nurses was held recently. Following the business, the class of 1941-42 were guests of the Alumnae Association at a social evening. The occasion was honoured by the presence of Miss Elizabeth L. Smellie, Matron-in-Chief, R.C.A.M.C.

Mrs. Jessie E. Porteous (Administration, 1939-40), who is with the Royal Canadian Air Force Nursing Service in Saskatchewan, was a recent visitor at the School.

### SASKATCHEWAN

#### SASKATOON:

The monthly meeting of the Saskatoon Registered Nurses Association was held on December 1, with Miss E. Fendley presiding.

JANUARY, 1942



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## The Canadian Nurse

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Montreal.

Plans for a refresher course for married and inactive nurses were reported to be well under way. An interesting address on anaesthetics was given by Dr. Burwash.

On October 29 a tea was held at the Saskatoon City Hospital and all members of the nursing staff were given an opportunity to say farewell to the director of nursing, Miss Edith Amas. Miss Amas is now on military service and has been granted leave of absence for the duration of the war. She will be sorely missed because for the past eleven years she has been on the staff of the Saskatoon City Hospital, first as instructor and later as director of nursing.

Miss H. Bright, a graduate of Regina General Hospital, and of the McGill School for Graduate Nurses, who has been supervising on the staff of the Saskatoon City Hospital for the past three years, has also resigned and is now on active service.

Miss K. McLean, a graduate of Ottawa Civic Hospital, and of the McGill School for Graduate Nurses, who has been with the

Saskatoon City Hospital since June, has also resigned and is now on active service.

With cordial good wishes from the nurses of Saskatchewan, the following Nursing Sisters recently left the province, on the strength of No. 8 General Hospital: Nursing Sisters E. Amas, E. Andreas, L. F. Appleton, D. F. Ballantine, I. A. Breakey, M. L. Clift, F. M. Copeman, A. E. Cromwell, L. H. Dahl, F. E. Gannon, C. C. J. Getty, M. E. Gleadow, P. M. Gordon, H. M. Hargreaves, D. H. King, G. A. Keohane, M. A. Kerr, C. T. Lettner, A. Meadows, J. M. Morton, K. M. Morton, S. C. MacRae, P. E. McCarthy, L. C. McKenzie, A. D. Potts, D. M. Riches, M. B. Spohn, M. I. Thompson, F. E. Welsh, L. M. Young.

With Nursing Sister Christina Macdonald in charge, a number of nurses from Saskatchewan have enrolled for military service in South Africa.

Miss Dorothy Duff (S.C.H.) has recently been appointed senior instructor at the Saskatoon City Hospital.



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## YORKTON:

Miss Lyle Appleton, medical and surgical supervisor of the Y.Q.V.H. School of Nursing, recently received an appointment as Nursing Sister in the R.C.A.M.C. She is a graduate of the Toronto General Hospital and of the School of Nursing, University of Toronto. Miss Lorna Halpenny, superintendent of the Y.Q.V.H., recently entertained at a tea in her honour and a presentation was made on behalf of the staff who gathered to express their regret at her departure, and to assure her of their continued interest and best wishes.

The graduate nurses of Yorkton and district recently formed a group to be known as the Yorkton Volunteer Nurses Association for the purpose of preparing for emergency and of assisting the Red Cross. Mrs. Darroch is the president and Miss A. Dyck is secretary-treasurer. The staff and general duty nurses of the Y.Q.V.H. have set aside Monday night for the purpose of knitting for the Red Cross. A penalty of ten cents is charged each absentee.

The following marriages have recently taken place: Miss Margaret Boake (Y.Q.V.H., 1940) to A/C Evans Hill, R.C.A.F.; Miss Jean Dods (Y.Q.V.H., 1940) to Mr. Clifford Pettit.

## REGINA:

*Regina General Hospital:*

Victoria Antonini (R.G.H., 1939), winner of the Carss Memorial Scholarship, has returned from a year's postgraduate course at the School for Graduate Nurses, McGill University, and the Hospital for Sick Children, Toronto. She has been appointed supervisor of the pediatric department.

Betsy Reiersen (R.G.H., 1939), also a winner of the Carss Scholarship is now at the School for Graduate Nurses, McGill University, where she has registered for the course in teaching and supervision in schools of nursing. Hester Lusted (R.G.H., 1938) and Catherine Ross (R.G.H., 1940) are taking the public health nursing course at the McGill School for Graduate Nurses. Hildegard Meier (R.G.H., 1936) is taking the public health nursing course at the Toronto University School of Nursing.

The following Nursing Sisters, who are graduates of the Regina General Hospital, are now on active service: Frances Cope-man, Elizabeth Andreas, Marjorie Dolsen, Marjorie Winter, Ruth McPherson, Lillian Dahl, Marion Thompson, Kate Morton, Dorothy King, Gertrude Keohane, Katherine Baker, Betty Langstaff, Helen Hargreaves, Esther Higgs, Lillian Carey, Mabel Seaman, Ruth White, Florence Welsh, Pearl Gordon, Anna McIsaac.

## NEWFOUNDLAND

## ST. JOHN'S:

The Newfoundland Graduate Nurses Association recently held its regular meeting at the Child Welfare Centre. The speaker for the evening, Dr. James St. Pierre Knight, was introduced by the vice-president Miss Annie Bishop. Dr. Knight's subject was emergencies in war time. The doctor pointed out the necessity of being ready to handle such emergencies at a moment's notice. To do this, cooperation and organization were of the utmost importance. Help given by nurses in such a program was definitely stressed by the speaker. A vote of thanks was expressed by Miss Estelle Barter.

## Toronto Western Hospital

The members of the Toronto Western Hospital Alumnae Association who attended a recent meeting were given a real treat when Miss Beatrice Munro, of London, England, gave us a first-hand description of work on a farm in England, followed by nights of ambulance driving during the big "blitz" in London last year. Our admiration of the British women in the war, if possible, grew apace.

Mrs. Norman Stephens, president of the Local Council of Women, also spoke on the War Savings campaign.

At the autumn tea of the Toronto Western Hospital Alumnae Association the guests were received by Mrs. Douglas Chant, president of the Association, and Miss Beatrice Ellis, principal of the School of Nursing. This very successful event was arranged by the social convener, Mrs. James Miller, and her committee. The many booths proved their popularity by early disposal of their wares. Old acquaintances were renewed and new acquaintances made at this increasingly popular annual event.

## Rendezvous

August, 1941

*Sea-gull, did you see them—battleships of grey  
Met in no-man's-water? Did you pass that way?  
You who over oceans shriek your travellers' tales,  
Did you see "Augusta" meet with "Prince of Wales?"*

*Sea-gull, did you watch them*

*Sail so silently*

*Eastward, Westward, Trysting?*

*Sea-gull, did you see*

*Stars and Stripes and Ensign,*

*Each man's oriflamme?*

*Did you see the Bull Dog*

*Meet with Uncle Sam?*

*Did you see the warship*

*Pass the convoy by,*

*Laden ship and escort*

*Dark against the sky?*

*Did you hear the whisper,*

*"Churchill passes here!"*

*Did you see the signal?*

*Did you hear them cheer?*

*"By wind and by water, through storm-clouds I fly;  
My floor is the ocean, my roof-tree the sky!  
And I, the white sea-gull, saw Churchill sail by."*

*"I wheeled and I circled and further I flew,  
Where sky-way and sea-way were burning and blue!  
I watched the pale dawn-mists till Roosevelt sailed through."*

*"When grey ship met grey ship I flew overhead,  
When Old World met New World I heard what they said.  
I watched them—a sea-gull with pinions widespread."*

*"I heard what was whispered, I saw what befell,  
And that is my secret. Yet this I can tell,  
I heard a man call from the masthead, All's Well!"*

—AUDREY BROOKE

See page 12

The Deanery, Cape Town



# Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Callista F. Banwarth, 210 Cedar Street, New Haven, Connecticut, U. S. A.

## THE CANADIAN NURSES ASSOCIATION

**President**..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.  
**Past President** Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.  
**First Vice-President**..... Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.  
**Second Vice-President** Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, P. Q.  
**Honourary Secretary** ..... Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.  
**Honourary Treasurer** ..... Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

### COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

*Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

**Alberta:** (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University of Alberta Hospital, Edmonton; (3) Miss Audrey Dick, York Hotel, Calgary; (4) Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton.

**British Columbia:** (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver.

**Manitoba:** (1) Miss A. McKee, V.O.N., Medical Arts Bldg., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, St. Boniface Hospital, St. Boniface.

**New Brunswick:** (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marian Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

**Nova Scotia:** (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.

**Executive Secretary:** Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

### OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

#### Hospital and School of Nursing Section

**CHAIRMAN:** Miss Blanche Anderson, Ottawa Civic Hospital. **First Vice-Chairman:** Miss E. G. McNally, General Hospital, Brandon. **Second Vice-Chairman:** Miss M. Batson, Montreal General Hospital. **Secretary-Treasurer:** Miss W. Cooke, Ottawa Civic Hospital.

**COUNCILLORS:** **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss F. McQuarrie, Vancouver General Hospital. **Manitoba:** Miss D. Ditchfield, Children's Hospital, Winnipeg. **New Brunswick:** Miss Marion Myers, Saint John General Hospital. **Nova Scotia:** Sister Mary Peter, St. Joseph's Hospital, Glace Bay. **Ontario:** Miss L. D. Acton, Kingston General Hospital. **Prince Edward Island:** Miss Georgie Brown, Prince County Hospital, Summerside. **Quebec:** Miss M. Batson, Montreal General Hospital. **Saskatchewan:** Miss A. F. Lawrie, Regina General Hospital.

#### General Nursing Section

**CHAIRMAN:** Miss M. Baker, 249 Victoria St., London, Ont. **First Vice-Chairman:** Miss F. M. H. Brown, Wolfville, N.S. **Second Vice-Chairman:** Miss P. Brownell, 212 Balmoral St., Winnipeg, Man. **Secretary-Treasurer:** Miss A. Conroy, 404 Regent St., London, Ont.

**Ontario:** (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss L. D. Acton, General Hospital, Kingston; (3) Miss G. Ross, 15 Queen's Park Crescent, Toronto; (4) Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa.

**Prince Edward Island:** (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

**Quebec:** (1) Miss E. Flanagan, 3801 University Street, Montreal; (2) Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

**Saskatchewan:** (1) Miss Matilda Diederichs, Regina Grey Nuns Hospital; (2) Miss A. F. Lawrie, Regina General Hospital; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss R. Wozny, 2216 Smith St., Regina.

**Chairmen, National Sections: Hospital and School of Nursing:** Miss B. Anderson, Ottawa Civic Hospital. **Public Health:** Miss M. Kerr, Eburne, B.C. **General Nursing:** Miss M. Baker, 249 Victoria St., London. **Convener, Committee on Nursing Education:** Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

**COUNCILLORS:** **Alberta:** Miss L. Hennig, 305 Bank of Toronto Bldg., Edmonton. **British Columbia:** Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver. **Manitoba:** Miss C. Bourgeault, St. Boniface Hospital, St. Boniface. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia:** Miss G. Porter, 115 South Park St., Halifax. **Ontario:** Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. **Prince Edward Island:** Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown. **Quebec:** Miss A. M. Robert, 5484-A St. Denis St., Montreal. **Saskatchewan:** Miss R. Wozny, 2216 Smith St., Regina.

#### Public Health Section

**CHAIRMAN:** Miss M. Kerr, Eburne, B.C. **Vice-Chairman:** Miss W. Dawson, Health Centre, Saint John, N.B. **Secretary-Treasurer:** Miss L. Creelman, 2570 Spruce St., Vancouver, B.C.

**COUNCILLORS:** **Alberta:** Miss Audrey Dick, York Hotel, Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss F. King, Ste. 1, Greysolon Apts., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss G. Ross, 15 Queen's Park Cres., Toronto. **Prince Edward Island:** Miss Margaret Darling, Alberton. **Quebec:** Mlle A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan:** Miss Gladys McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

President, Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Catherine M. Clibborn, University of Alberta Hospital, Edmonton; Sec. Vice-Pres., Sister M. Beatrice, St. Michael's Hospital, Lethbridge; Secretary-Treasurer & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss Margaret D. McLean, Miss Helen S. Peters, Miss Audrey Dick, Miss Leona Hennig; *Chairmen of Sections*: *General Nursing*, Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton; *Hospital & School of Nursing*, Miss Helen S. Peters, University of Alberta Hospital, Edmonton; *Public Health*, Miss Audrey Dick, York Hotel, Calgary; *Rep. to The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tambllyn, Provincial Mental Hospital, Ponoka; *Representative to The Canadian Nurse*, Miss Nessa Leckie.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss K. Connor, Central Alta. Sanatorium; Vice-Chairman, Miss C. Fiesel, Holy Cross Hospital; Sec., Miss M. Richards, Holy Cross Hospital; Treas., Miss M. Watt, City Health Dept.; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal, Gen. Hospital; *Public Health*, Miss A. Dick, City Health Dept.; *General Nursing*, Miss D. Cannon, Gen. Hospital.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

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### Edmonton District, No. 7, Alberta Association of Registered Nurses

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### Lethbridge District, No. 8, Alberta Association of Registered Nurses

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## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1675 10th Ave. W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fair-

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## MANITOBA

### Manitoba Association of Registered Nurses

President, Miss A. McKee, V.O.N., Medical Arts Bldg., Winnipeg; First Vice-Pres., Miss E. McNally, General Hospital, Brandon; Sec. Vice-Pres., Miss I. McDiarmid, 363 Langside St., Winnipeg; Hon. Sec., Mrs. H. Copeland, Misericordia Hospital, Winnipeg; *Members of Board*: Major P. Payton, Grace Hospital, Winnipeg; Miss W. Grice, St. Boniface Out-Patient Dept.; Rev. Slater Breux, St. Boniface Hospital; Miss L. Stewart, 168 Chestnut St., Winnipeg; Miss H. Coram, 173 Chestnut St., Winnipeg; Miss P. Hart, Melita; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; *Conveners of Sections*: *Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *General Nursing*, Miss C. Bourgeault, St. Boniface Hospital; *Public Health*, Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; *Committee Conveners*: *Instructors Group*, Mrs. Copeland, Misericordia Hospital, Winnipeg; *Social*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Visiting*, Miss J. Stohart, 320 Sherbrooke St., Winnipeg; *Membership*, Miss A. Danilevitch, St. Boniface Out-Patient Dept.; *Nightingale Memorial Fund*, Miss Z. Beattie, St. Boniface Hospital; *Representatives to: Council of Social Agencies*, Miss F. Robertson, 758 Wolseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin, Bureau of Child Hygiene, Aberdeen Ave., Winnipeg; *The Canadian Nurse*, To be appointed; *Local Council of Women*, Mrs. A. L. Wheeler, Ste. 1, 221 Wellington Cres.; *Red Cross War Council*, Miss I. Broadfoot, 2nd Anvers Apts., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., Miss L. Bartsch; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss D. Parsons, Fredericton; Sister Anne deParadis, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Follis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec. Treas.-Registrar, Miss Alma Law, Health Centre, Saint John; *Conveners of Sections*: *Hospital & School of Nursing*, Miss M. Myers; *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *Instruction*, Miss Boyd, St. Stephen; *The Canadian Nurse*, Miss H. Cahill.

## NOVA SCOTIA

### Registered Nurses Association of Nova Scotia

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ry, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep. to The Canadian Nurse*, Miss Flora Anderson, General Hospital, Glace Bay.

## ONTARIO

### Registered Nurses Association of Ontario

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#### District 4

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#### District 5

Chairman, Miss A. Bell; First Vice-Chairman, Miss K. McNamara; Sec. Mrs. E. Major, 10 Bonnyview Dr., Humber Bay; Treas., Mrs. R. Challenger; *Councillors*: Misses G. Jones, R. Scott, J. Wallace, J. Mitchell, G. Versey, I. Lawson; *Committee Conveners: Public Health*, Miss L. Pettigrew; *General Nursing*, Miss I. Lindsay; *Hospital & School of Nursing*, Miss G. Giles.

#### District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss Covert; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Committee Conveners: Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Miss N. DiCola; *Public Health*, Miss Stewart; *Membership*, Miss N. Brown; *Enrolment*, Miss H. Fitzgerald; *Finance*, Miss F. Fitzgerald.

#### District 7

Chairman, Miss A. Baillie; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, E. Moffatt, P. Gaven, Rev. Sr. Donovan; *Conveners: Hospital &*

*School of Nursing*, Miss L. Acton; *General Nursing*, Miss A. Davis; *Public Health*, Miss D. Storms; *The Canadian Nurse*, Miss O. Wilson.

#### District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Mrs. E. M. Smith, 149 Laurier Ave. W., Ottawa; *Councillors*: Misses V. Belier, W. Cooke, M. Lowry, K. McIlraith, Mrs. G. Fraser; *Conveners: Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *General Nursing*, Mrs. G. Fraser; *Public Health*, Miss F. Moroni; *Cornwall Chapter*, Miss M. McWhinnie; *Pembroke Chapter*, Rev. Sr. M. Evangeline; *The Canadian Nurse*, Miss H. Tanner.

#### District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

#### District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss Alice Hunter; Sec.-Treas., Miss Dorothy Chedister, General Hospital, Port Arthur; *Councillors*: Miss J. Hoarth, Miss V. Lovelace, Miss J. Berry; *Committee Conveners: Hospital & School of Nursing*, Miss L. Horwood; *General Nursing*, Miss I. Morrison; *Public Health*, Miss Q. Donaldson.

## PRINCE EDWARD ISLAND

### Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

## QUEBEC

### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice President (English), Miss Mabel K. Holt; Vice President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Mlle Roy, Trudel, Giroux; *Advisory Board*: Misses Jean S. Wilson, Margaret L. Moag, Catherine M. Ferguson, Marion Lindeburgh, Mlle Anysie Deland, Maria Beaumier, Edna Lynch; *Conveners of Sections: General Nursing (English)*, To be appointed; *General Nursing (French)*, Mlle Anne-Marie Robert, 5484-A rue St. Denis, Montreal; *Hospital and School of Nursing (English)*, Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing (French)*, Rév. Soeur Mance Décary, Hôpital Notre-Dame, Montréal; *Public Health (English)*, Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health (French)*, Mlle Annonciade Martineau, 1034 rue St. Denis, Apt. 6, Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Katie S. Annesley, Madeleine Flander, Mlle Alexina Marchessault, Anysie Deland, Suzanne Giroux; *Exa-*

cutive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1010, Medical Arts Bldg., 1528 Sherbrooke St. West, Montreal.

### SASKATCHEWAN

#### Saskatchewan Registered Nurses Association (Incorporated 1917)

President, Miss M. Diederichs, Regina Grey Nuns Hospital; First Vice-President, Miss M. Ingham, Moose Jaw General Hospital; Second Vice-President, Miss E. Pearson, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Miss M. Pierce, Wolseley; *Chairmen of Sections*: *General Nursing*, Miss R. Wozny, 2216 Smith St., Regina; *Hospital & School of*

*Nursing*, Miss A. F. Lawrie, Regina General Hospital; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; *Secretary-Treasurer*, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

#### Regina Registered Nurses Association

Hon. Pres., Miss A. Lawrie; Pres., Miss K. Morton; Vice-Pres., Miss R. Simpson; Sec., Miss E. Howard, General Hospital; Treas. & Registrar, Miss L. Dahl; *Conveners*: *Registry*, Miss L. Lynch; *Membership*, Miss K. McLachlan; *Entertainment*, Miss Spelliscy; *General Nursing*, Miss R. Wozny; *Public Health*, Miss F. Dean; *Hospital & School of Nursing*, Miss M. Zens.

## Alumnae Associations

### ALBERTA

#### A.A., Calgary General Hospital, Calgary

Hon. Pres., Miss S. Macdonald; Pres., Mrs. T. L. O'Keefe; First Vice-Pres., Mrs. A. E. Warrington; Sec. Vice-Pres., Mrs. H. Buckmaster; Corr. Sec., Mrs. F. Wotherspoon, 1215-9th St. W.; Rec. Sec., Mrs. A. McIntyre; Treas., Mrs. C. Parks; *Press*, Mrs. D. O. Macko; *Membership*, Mrs. E. Donnison.

#### A.A., Holy Cross Hospital, Calgary

President, Miss Ruth Turnbull; First Vice-President, Miss Gertrude Thorne; Second Vice-President, Miss Margaret Bella; Recording Secretary, Mrs. A. Kloepfer; Corresponding Secretary, Mrs. C. Harrison, 412-21st Avenue, N.W.; Treasurer, Mrs. Elaine S. Clarke.

#### A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Rev. Sr. M. O'Grady, Rev. Sr. F. Neuhauser; Pres., Mrs. R. McKee; First Vice-Pres., Miss E. Beitsch; Sec., Miss B. Holden; Corr. Sec., Miss J. Slavik, E.G.H.; Treas., Miss E. Carbol; *Committees*: *Standing*, Mrs. Price, Misses Quilichini, Peterson, Munroe, Nelson; *Visiting*, Misses Acker, Chickloski; *Private Duty*, Miss Ryan.

#### A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Miss L. Elnarson; First Vice-Pres., Mrs. J. F. Thompson; Sec. Vice-Pres., Miss A. Anderson; Rec. Sec., Mrs. R. Boyd; Corr. Sec., Miss M. Sissons, Royal Alexandra Hospital; Treas., Miss R. Cameron; *Committee Conveners*: *Program*, Miss V. Chapman; *Visiting*, Mrs. Jones; *Social*, Miss A. Lysne; *News Letter*, Miss I. Brewster; *Executive*, Misses M. Griffiths, H. Molofee, Mrs. Sandrocks; *Benefit*, Miss I. Johnson; *Scholarship*, Miss K. Brighty.

#### A.A., University of Alberta Hospital, Edmonton

Honorary President, Miss Helen S. Peters; President, Mrs. D. Payment; Vice-President, Miss S. Greene; Recording Secretary, Mrs. A. Ward; Corresponding Secretary, Mrs. S. Graham, 10448-126th Street; Treasurer, Miss D. Wright; *Executive Committee*: Mrs. W. Slean, Miss K. Chapman, Miss B. Fane, Miss D. Haycock.

#### A.A., Lamont Public Hospital, Lamont

Honorary President, Miss F. E. Welsh, Goderich, Ont.; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrold; Secretary-Treasurer, Mrs. B. I. Love, Elk Island National

Park, Lamont; *News Editor*, Mrs. Peterson, Hardisty; *Convener*, *Social Committee*, Miss C. Stewart.

#### A.A., Vegreville General Hospital, Vegreville

Hon. President, Sister Anna Keohane; Hon. Vice-President, Sister J. Boisseau; President, Mrs. Stanley Walker, Vegreville; Vice-President, Mrs. Rennie Landry, Vegreville; Secretary-Treasurer, Miss Annie Askin, Box 213, Vegreville; *Visiting Committee* (chosen monthly).

### BRITISH COLUMBIA

#### A.A., St. Paul's Hospital, Vancouver

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FEBRUARY  
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# THE CANADIAN NURSE

● Canadian  
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Meeting  
June 22-26, 1942  
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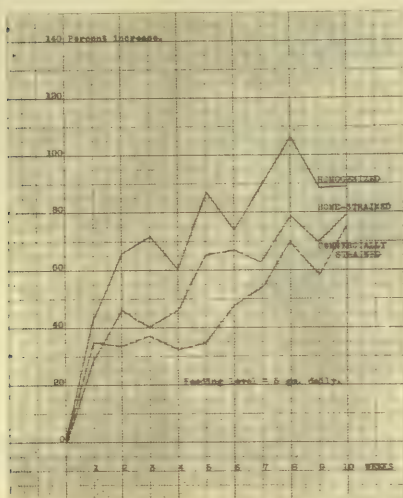
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- (1) 1811. The Art of Preserving All Kinds of Animal and Vegetable Substances for Several Years, M. Appert, Black, Perry and Kingsbury, London.  
1938. Food Research 3, 13.  
1938. Ibid. 3, 91  
1939. Canned Food Reference Handbook, American Can Company, Hamilton, Ont.  
1941. Ind. Eng. Chem. 33, 292



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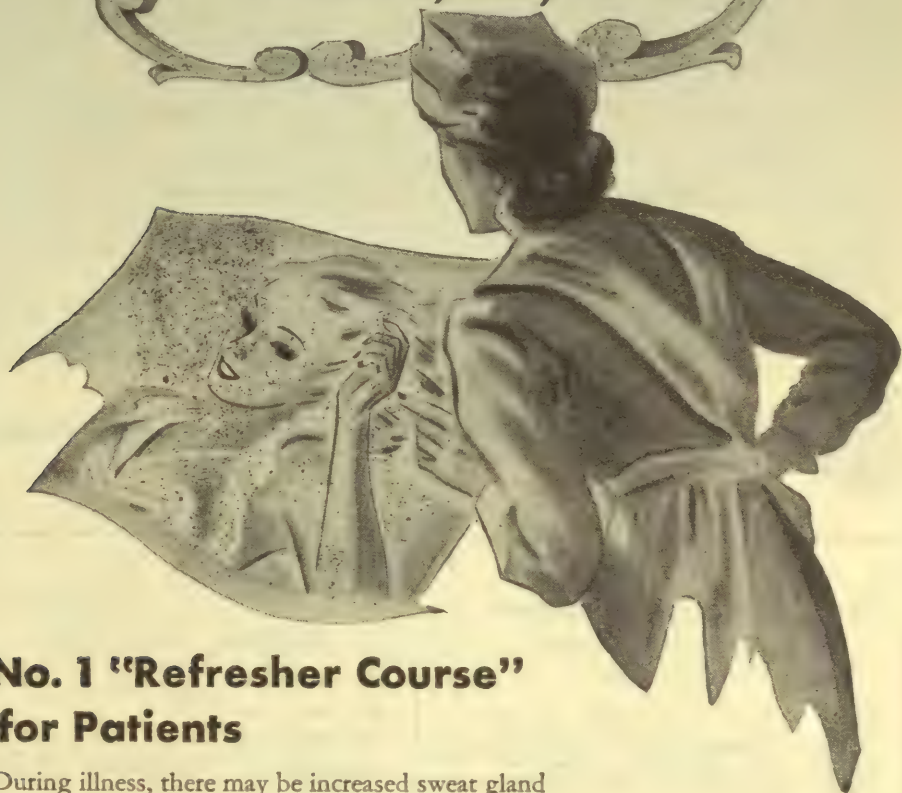
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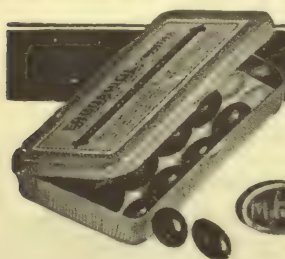
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# The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

*Editor and Business Manager:*  
ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

## CONTENTS FOR FEBRUARY, 1942

GENIUS LOCI	- - - - -	- - - - -	85
AFTERTHOUGHTS OF A MEDICAL MISSION TO GREAT BRITAIN	-	W. Penfield	86
FEVER THERAPY	- - - - -	R. G. Armour	92
NURSING CARE OF PATIENTS DURING FEVER THERAPY	- -	H. Glendinning	93
ON ACTIVE SERVICE AT HOME AND ABROAD	- - - - -	- - - - -	95
CANADIAN ORTHOPAEDIC UNIT FOR SCOTLAND	- - - - -	- - - - -	96
"THE GLORY OF THIS HOUSE"	- - - - -	- - - - -	97
MISS MARTIN PRESENTS HER REPORT	- - - - -	G. M. Hall	99
NOTES FROM THE NATIONAL OFFICE	- - - - -	- - - - -	101
LOUISE BRENT GOODSON	- - - - -	- - - - -	103
MEDALS MAKE MAGIC	- - - - -	E. Naylor	104
STANDARDIZATION OF PROCEDURES	- - - - -	G. Jones	107
FAMILY HEALTH IN MONTREAL	- - -	M. R. Grignon and M. Olivier	109
HYGIENE FAMILIALE	- - -	M. R. Grignon and M. Olivier	112
AT WORK IN AN INDIAN SCHOOL	- - - - -	K. Stewart	115
LETTERS FROM SWEDEN	- - - - -	E. Lyster	117
A HOSPITAL AFLOAT	- - - - -	E. Schroeder and R. Wilson	121
CORRESPONDENCE	- - - - -	- - - - -	123
NEWS NOTES	- - - - -	- - - - -	125
OFF DUTY	- - - - -	- - - - -	134

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## Reader's Guide

We are indebted to the Canadian Red Cross Society for allowing us to use the striking picture of a Red Cross Nurse on out-post duty which adorns the cover. Miss Isabel McEwen, superintendent of field nurses for the Ontario Division of the Red Cross, tells us that during the winter months a nursing service is maintained in Tobermory, a small fishing village, very beautiful in summer but most isolated in winter. Tobermory is 57 miles from the nearest railway and 35 miles from the nearest doctor. This little village is often shut off from the outside world by severe snowstorms. About six years ago Mrs. Doris Kenny, graduate of the School of Nursing of St. John's Hospital, Toronto, did six months temporary duty and this service proved most helpful to the community. The nurse who is now on duty is a fully qualified public health nurse with a certificate in midwifery and is rendering the same type of service as that originally started by Mrs. Kenny.

---

The Alumnae Association of the School of Nursing of the Royal Victoria Hospital recently had the privilege of hearing **Dr. Wilder Penfield** speak on his medical mission to England and, with his kind permission, the substance of that address appears in this *Journal*. Dr. Penfield is internationally known as professor of neurology and neuro-surgery in McGill University and is the Director of the Montreal Neurological Institute.

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In **Notes from the National Office** you will find interesting news about the distinguished persons who will honour us with their presence at the General Meeting of the Canadian Nurses Association which is to be held in Montreal next June.

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This issue contains the third and last instalment of the time study presented in narrative form by **Gertrude M. Hall**. It might

be a good idea for head nurses to bind these articles in a folder and to keep them on their wards for reference purposes.

---

**Dr. R. G. Armour** and **Helen Glendinning** give a clear outline of the essential factors in the nursing care of patients undergoing fever therapy. Both these articles were secured for the *Journal* by the staff nurses' committee of the Toronto General Hospital. Dr. Armour is a senior neurologist on the staff of the Toronto General Hospital and Miss Glendinning is a nurse technician in the fever therapy department of the same hospital.

---

Public health nurses who are planning to attend the general meeting of the Canadian Nurses Association will be specially interested in what **Marie-Rose Grignon** and **Maria Olivier** have to tell about family health in Montreal. Mlle Grignon is visiting nurse attached to the Bruchési Institute and Mlle Olivier is a supervising nurse on the staff of the Department of Public Health, City of Montreal.

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**Gwladwen Jones** makes out an excellent case for the standardization of hospital nursing procedures. Miss Jones is instructor in the School of Nursing of the Toronto Western Hospital.

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Do you remember the day that your medal was pinned on for the first time? **Edith Naylor** helps you to recall the thrill.

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An interesting glimpse of work among our own Canadian Indians is given by **Kathleen Stewart**, who is on duty at the Residential School at Birtle, Manitoba.



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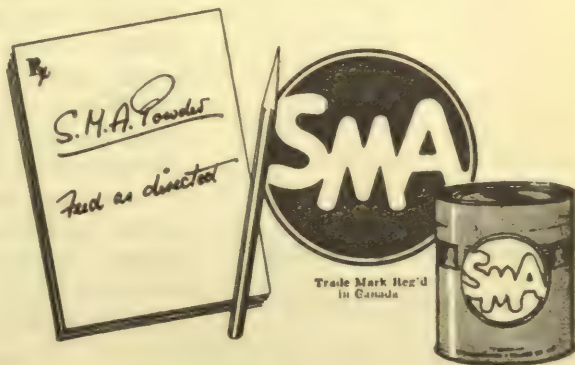
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# The CANADIAN NURSE

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## Genius Loci

In the pleasant month of June, nurses from every province in Canada will gather in Montreal for the twenty-first general meeting of the Canadian Nurses Association. Unless some glorious miracle comes to pass, we shall once more be compelled to take counsel with one another under the shadow of war. Yet, if that must happen, we shall surely find inspiration in the noble and ancient city in which we are to come together.

Three hundred years ago, the indomitable Jeanne Mance, Founder of Canadian nursing, set foot in the little colony at the foot of Mont Royal. For many years, Indian warfare, famine and pestilence were destined to exact a terrible toll, but these hardy pioneers held their ground with a tenacity born of the conviction that they were the builders of a young and vigorous nation.

It should be profoundly significant to all Canadian nurses that, because she was a woman of great intelligence and

fortitude of spirit, Jeanne Mance exercised a profound influence over the development of the colony. Her contribution was far from being limited to charity and good works. She had a clear and fearless conception of the social and economic problems which were involved and possessed the statesman-like quality which was so eminently characteristic of Florence Nightingale. These two women would have understood and respected one another. Had they met, the impact of one good mind upon another would have kindled a flame in which petty differences would have vanished like smoke. The French woman and the English woman would have clasped hands and gone forward together just as French- and English-speaking Canadian nurses are doing today.

Under the caption of *Notes from the National Office* in this issue of the *Journal* it is announced that many distinguished persons are to speak to us

when we assemble in June. The message they are to bring will be all the more impressive because we shall listen to it in the great city which Jeanne Mance helped to build. There is one pilgrimage which every nurse should make in her honour and that is to her own hospital and school of nursing — l'Hotel-Dieu. Here you may see and

reverently touch the porcelain pharmacy jars which she brought out with her from France and used in her daily work as a nurse. Here in the beautiful modern Hospital you will feel the abiding presence of the Genius Loci — the Spirit of the Place.

— E. J.

## Afterthoughts of a Medical Mission to Great Britain

WILDER PENFIELD, M.D., D.Sc.

There is a great contrast between present day life in Great Britain and life here. The difference lies in little things. Over there the individual patterns of activity have been altered, personal incomes reduced, work doubled. On returning here I had the feeling that we have been living in protected unreality. We have none of us reorganized our lives adequately to meet the facts of this war. Take nursing, for example. The hours of service here have been actually shortened since war began; an excellent move, in peacetime. But a shortage of nurses may well become a major handicap to our cause. To know the meaning of total war we must now see the future as it might be, as it may well be unless every element in the English speaking population of the world does its maximum.

You may imagine that it is a curious experience to have breakfast quietly in Westmount and the next day to drop down through the clouds over England's green and pleasant land. That is what it is to cross the North Atlantic in a bomber. All night long there was to be seen a sort of abortive sunrise on our

left because of the fact that we were so far north; finally the sun actually rose and found us flying between two layers of clouds. The result was a brilliant sunrise both above us and below us. Farther below, through gaps in the clouds, the sea showed still black. As we approached the coastline, a submarine could be seen making a long line of white on the water of a bay. Factories appeared; a lonely smokestack marked where one had been burned. Then the hedgerows, marking out a pleasant pattern upon a carpet of green, and red roofs with idling smoke rising from many hearths gave colour and the appearance of utter peace. Suddenly we circled down and the journey was at an end.

It is a curious experience, also, to take off at dawn in the mists of a British harbour, in a little Catalina flying boat, and to settle at sunset on the blue water of the harbour of Lisbon, at a dock where the American flag and the Union Jack fly together, with the Portuguese flag above them. Portugal is the only remaining international cross-ways left in Europe, and there one can



still meet, or shun, men of every nationality.

In London, in spite of many areas of destruction, life goes on as usual. The headquarters of almost everything are to be found there. The streets are as crowded as ever. Uniforms are to be seen everywhere, of course, but there is an enormous increase in the number of women in uniform. All three of the services have their women's auxiliaries, and many of them look very smart indeed as they walk along the street and salute each other, and on occasion I observed that the saluting crossed the sex boundary. The costumes of those women who are not in uniform show certain additions and subtractions even to the male eye, such as the absence of stockings, compensated for by staining of the lower extremities, and the appearance of trousers where I least expected to find them.

The face of British medicine has altered fundamentally. Harley Street is empty. The consultant's wife now does her own work far from London. Nurses have followed the trek of the hospital out to suburb and camp. St. Thomas' Hospital, across the Thames from Westminster, describes her own state on a huge sign on the river front—"Down but not out." Actually, the injury to St. Thomas' is due not so much to a direct hit as to the fact that the whole hospital was built upon cement floats placed upon the river mud. German bombs seem to fall with unerring accuracy into the Thames and these explosions in the river bottom have broken the floats by indirect action. Nevertheless, there is an active outpatient department being carried on somehow in this hospital.

Germany can knock things down, but there is something she can never knock out and that is the courage, the presence of mind, the sense of humour,

in short, the "fight" of the common English man. Sir Charles Sherrington, once my teacher at Oxford, told me of going out to get a better view of a "blitz" last winter in a London suburb. He found a postman standing by the pillar box and realized that it was about five minutes before the time for the next mail collection. A plane came near and a bomb fell close by. Sherrington said to the postman, "Better take those letters and come with me to a shelter." "Oh, no", said the man, "that's wot 'itler wants me to do. I'm staying 'ere." I know of no better answer to Hitler's indiscriminate bombing than the parable of this postman.

In the re-organization of British medicine the Emergency Medical Service (E.M.S.) has played the most important role. The details of this organization may be discussed, for they are printed in their own pamphlets. The general plan was worked out by the Ministry of Health, which retains directing control. Except for the special hospitals under the Army, Navy and Air Force, which are relatively few in number, all the best hospitals in Great Britain have been enrolled in the E.M.S. They are included in a comprehensive scheme to serve the displaced population of Great Britain and are organized for rapid evacuation of patients from any areas in which fighting may occur. These hospitals admit immediately all civil and military casualties, that may result from enemy action, at the expense of the Government. They also admit ordinary patients on a different basis. A large number of centres have been set up for the various medical specialties and E.M.S. consultants go about through the country wherever needed.

The plan for evacuation of casualties and the sick from London may be described somewhat in detail. Each of the large London hospitals has become the

focal point of a sector which extends out from the centre of London for a distance of 40 to 50 miles. There are nine such sectors, one for each of the London hospitals: St. Bartholomew's, University College Hospital, Middlesex Hospital, St. Mary's Hospital, St. George's with Charing Cross Hospital, Guy's Hospital, St. Thomas' Hospital and King's College Hospital. Each of these sectors is shaped somewhat like a piece of pie the point in London. The medical and nursing staff in the various E.M.S. hospitals in that sector is provided, to some extent, from the corresponding London hospital. Patients seen in the outpatient clinics of the parent hospital are sent out into the corresponding sectors, and the bomb casualties which may be brought to each London hospital are likewise sent out rapidly by ambulance into the corresponding sector after initial operation or first-aid treatment. Thus the teaching hospitals are being used for the treatment of emergency cases, to conduct outpatient clinics and to serve as evacuation centres.

E.M.S. hospitals are paid by the Government to keep certain blocks of beds always ready for the reception of casualties. These are usually arranged in wards fully equipped for the treatment of shock. Arrangements are made for rapid transfusions or intravenous injections of blood substitutes. In general, whole blood, serum, and plasma seem to be used almost equally throughout Great Britain. The sick of the general population are accepted with the same arrangement as usual, namely that a charge of five pounds, two and eightpence is made per week for care on the public ward if the individual is able to pay; if he is not able to pay, the case is referred to a social service worker who secures what she can. If, on the other hand, a civilian is injured by enemy action, he is admitted and cared for at the

expense of the Government on exactly the same footing with the soldier who is injured by enemy action. Thus military and civil cases are cared for in the same wards very frequently.

The evacuation scheme may be illustrated by describing the arrangement in sector 2. There is a local director, Dr. X, in this sector whose headquarters are in a small suburb. Evacuation of patients to any one of the 56 E.M.S. hospitals in this region is directed by him. He is able to evacuate from this sector into other sectors if desired. In the sector supervised by Dr. X there are certain specialist units (neurosurgical, orthopaedic and plastic), but these special centres are not duplicated in every sector. In case of invasion, Dr. X has arranged to have three large base hospitals, which would probably be in the pathway of the attack, to evacuate at once four hundred patients each to other hospitals so as to provide empty beds there. Then if these hospitals should be cut off from his directing supervision, they will continue to evacuate along certain pre-arranged lines. The ambulance drivers who carry patients from the scene of accident or bomb explosions are volunteers, both men and women. I frequently heard high tribute paid to them, especially to the women who seem to keep a steady hand at the wheel under the most trying circumstances.

What about the level of efficiency in most of the E.M.S. hospitals? Well, as might be expected, it varies a great deal. The best staffed hospitals are the Canadian Base Hospitals. This may seem a just cause for pride, but comparisons are not fair because our university groups are held together whereas their university staffs are scattered out and taken for army, navy, and air force medical services. The army is now still understaffed about 1000 men on their medical service. The result is that some E.M.S.



hospitals, which may be called of second rank, may have one medical man for 200 beds.

The quality of practice is held up to a proper level by a very effective universal system of recurring visits by the best British consultants to all E.M.S. hospitals. Certain medical specialties have been given opportunities for great development. Consultants have been appointed in these various specialties, for each of the medical services, and a still more numerous set of specialists and consultants have been appointed for the Emergency Medical Service. From the point of view of numbers these specialties may be listed as follows: Orthopaedic comes first with 20 centres, and there are 11 orthopaedic sections in military hospitals and 5 sections in R.A.F. hospitals. Next in number of centres in the E.M.S. is neurosurgery, thoracic surgery, neurosis, plastic surgery.

Road accidents are a constant cause of injury, especially during the black-out and when army manoeuvres are in progress. In these movements the motorcycle is the cause of many injuries. In one large head-injuries hospital 25 per cent of the patients were admitted after motorcycle crashes. The wearing of crash helmets by dispatch riders has considerably reduced the mortality of such accidents.

The non-fatal injuries that result from bomb explosions resemble, for the most part, the products of civil accidents, except that there is extensive damage to soft parts and the wounds are very dirty. Dust and gravel are ground into the tissue. There are often face burns as the result of the fact that the glowing contents of a fireplace may be blown out into the faces of those who sit, in cozy fashion, about it. Eyes may thus be put out or bits of flying glass from windows driven into the soft tissues. The modern

aerial bomb has an enormous bursting charge. Small fragments such as bits of its casing may fly off at such a high rate of speed that they penetrate to a considerable depth, and unsuspected minute fragments have been discovered only by x-ray to be lodged within the brain and other parts of the body. These fragments are rendered sterile by heat, no doubt, and can be left alone.

Air-borne contamination of wounds and cross infections in hospitals has been a problem that has occupied a great deal of attention. This has resulted in serious reconsideration of surgical technique. It has led to the widespread practice of treating wooden and linoleum floors with spindle oil upon the suggestion of Van den Ende, an associate of Sir Henry Dale in the National Institute for Medical Research. A further method of oiling blankets is soon to be published in the *British Medical Journal* by the same worker and his associates. These precautions cut down the number of pathogenic organisms in the air of surgical wards greatly. When such precautions are not taken it is found that, for the hour following bed making and for a period following sweeping of the floor, the air of surgical wards is filled with dangerous organisms capable of contaminating open wounds.

The teaching of Trueta, who used the plaster treatment of Winnett Orr during the war in Spain, has influenced British surgery profoundly. Plaster is used a great deal more and open wounds are often enclosed in plaster and left for weeks without dressing. This does avoid the danger of cross contamination. It gives the wounds rest and, if the initial surgical excision of the wound was adequate, the results are excellent, even in the presence of multiple compound fractures. Such wounds frequently develop a foul odour that can be checked only by the use of a specially treated bag, a

modified gas mask applied to the limb itself. These good results seem to occur without the bacteriostatic blessing of a sulphonamide, but it must be admitted that chemotherapy may have played a role in the general success of the method.

It is interesting to see the various types of precautions that have been taken for adequate blackout. In the Royal Infirmary in Edinburgh the windows have been painted a sort of orange red colour so that during the day they admit that kind of light. At night blue electric lights are used for illumination with the result that no light escapes, inasmuch as blue and the shade of yellow used are complementary.

In some hospitals large frames made of wood and paper are lifted into place at dusk and taken off in the morning in order to provide for blackout. This was the method used in St. Hugh's Hospital in Oxford. The nurses complained that it was a good deal of a nuisance, and yet it seemed more effective than the double layers of curtains that were used in so many other hospitals. Whatever the arrangement is, the "blacking-out" process is a detail that calls for a great deal of time and attention, and fire wardens are, as a rule, quick to complain of any escape of light.

However, there is a more serious problem in regard to windows, and that is to prevent them being blown in as the result of blast when bombs fall even at a considerable distance. Many of the injuries which patients sustain are due to flying glass, or they may be the result of live cinders blown from a fireplace or stove. Many of the new hospitals, particularly the hutted hospitals and those in the country, have their wards on the ground floor. In general, a brick wall is often built so as to come up almost to the top of the window and placed a few feet from

the window. This is the method adopted in front of stores and buildings in London. Sometimes the brick wall will go up well above the windows of the first floor.

In some hospitals the windows are actually bricked up, excepting for a small square at the top. Doorways, likewise, are apt to have brick walls placed directly in front of them so as to cut down the effect of immediate blast. That is also true of the large buildings in London, and one enters the front door of such a building as though coming through a maze.

In Manchester the Royal Infirmary is spread out over a great deal of territory, and is made up of long, low buildings. In some of the wards they have actually bricked up the windows completely, leaving some sort of an opening for indirect ventilation but cutting out all light whatever from the windows. They have then installed white vapour lights. These wards are quite cheery. The patients seem to like them, and I should think that they would be a great source of comfort to the nursing staff as it would be no longer necessary to place the patients under their beds to protect them from flying glass or to take them to shelters.

None of the shelters will protect against a direct hit, for shelters in general are built with a covering on the top no thicker than six to eight inches, unless they can be ten feet deep, which, for the most part, is out of the question. Consequently, shelters protect against adjacent hits, and a well constructed building does the same to some extent. The Haslar Naval Hospital, which is particularly exposed, at Portsmouth has shock wards and operating rooms nicely installed in the catacombs under the buildings. They have outdoor air raid shelters dug into the ground and cellars which will take their patients.



The most convenient arrangements for shelters that I saw in England were at No. 5 Canadian General Hospital. They have placed brick shelters between each pair of hutted wards, and the shelter can be entered by a large door so that beds can easily be wheeled in. These shelters are so-called "surface" shelters, similar to those in the streets of London, built with a fourteen inch brick wall and eight inch concrete roof; the doors are gastight; there are no windows. There is forced ventilation with an air intake by means of chimneys thirty-eight feet tall. That is above the level of a poison gas that might be heavier than air. Those shelters will house all the patients, including twenty-five per cent of them in bed.

Perhaps the actual physical aspects of the different Canadian Hospitals might be of interest to you. I have just mentioned No. 5 Canadian General Hospital, the Winnipeg unit. It was built on a lovely estate by the Canadian Red Cross. It is in many ways the best hutted hospital that I saw in Great Britain.

There are two main parallel covered corridors which are one-fifth of a mile in length. At one end of the front corridor is the reception building of pleasing appearance and with a circular drive in front of it. The front corridor has extending back from it a series of huts which contain various services, administration units, and wards with beds for sixty officers. From the back corridor and extending outward toward the adjacent park are fifteen huts, each containing a men's ward with a small covered porch at the end. These are built well of brick. They have large French windows, which are quite strong but which create a little too much draught on the patients. The windows are screened. Each hut contains thirty-six beds. The beds are the most ser-

viceable Simmons variety, one in every five having a gatch folding spring, and the mattresses are good. Heating is by hot water. There are two alternative sources of electric current; they have electrically heated carts to carry the food from the central kitchen, and the kitchens are of good modern equipment. The hospital contains six hundred beds, which are at present 85 per cent occupied. Three-quarters to four-fifths of the patients are Canadians and the rest are British soldiers. There is nothing excessive nor unnecessary in this outlay, and the surroundings of the hospital are very pleasant.

No. 15 General Hospital is the Toronto unit. This unit and No. 5 from Winnipeg arrived in England almost simultaneously. No. 15 was the first to be in operation by a short margin. This hospital is roughly housed in hutments which were built after the war began. The situation is rather forlorn and the district uncultivated. The wards are large and seem to have a fairly satisfactory arrangement. Only a few of them have an eight-foot brick wall which would protect the patients from side blast in case of air raids. From the other huts which are of wood it was necessary to evacuate patients during raids. There are seven hundred beds here, and a hundred and fifty more are being built. This hospital has been extremely busy, having cared for ten thousand patients, I am told, in the past year, and has seen fifteen thousand out-patients. The morale is high and the results impressive.

No. 1 General Hospital, which originated for the most part in Montreal and is under the leadership of Lt. Colonels Keith Gordon and S. J. Martin, is placed at a greater distance from the main body of Canadian troops than the other hospitals. The portion of the hospital which is now in use is made up of

huts, fourteen in all as I remember, arranged in an attractive manner around a large well-gardened court. A covered passage-way runs around the court and the huts extend outward from it. Each hut contains one ward, heated quite adequately, I am told, by two small stoves. Adjacent to these huts new buildings are at present going up which will provide for considerable expansion.

No. 14 General Hospital is also a Montreal unit under Colonel Albert Ross, Lt. Cols. Montgomery and McIntosh. It arrived in England last summer. They moved at once into a previously occupied hutted hospital and got under way immediately. Lt. Col. McIntosh organized the operating rooms and service quickly, and the x-ray was well organized under Major Gosselin. They have now gone to new quarters. No. 1 Neurological Hospital, whose staff is made up of combined Montreal and Toronto groups, was eventually located in a large country house, called Hackwood House, which belongs to Lord Camrose, publisher of the Daily Telegraph.

The arrangements are less satisfactory than in the Canadian General Hospitals. Huts, however, have been built, with many delays, in the adjacent grounds. When finished, these huts will bring the total capacity up to about three hundred. The country surrounding this unit is lovely. The work of the unit has been outstanding, both on the neurosurgical and on the neurological side.

Among the afterthoughts of my trip to Britain the outstanding impression is the heroic adjustment of the ordinary man and woman to this war. Each has experienced loss, privation, fear. Each individual has thought what invasion of that island would mean to him or to her. Each has seen other countries invaded, heard horrid stories, looked facts in the face, and has then said to himself, "there can be no labour and no privation which is not better than that." Consequently, they turn to longer working hours and frequent overtime with gaiety and a sense of relief, for they know now the meaning of total war in a free country.

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## Fever Therapy

R. G. ARMOUR, M. B.

For many years the beneficial effects of high fever on syphilis of the central nervous system have been recognized. This has been particularly true of general paresis, and also in many of those indeterminate cases whose Wassermann and other reactions do not become negative under prolonged arsenical, bismuth and mercury treatment. Towards the end of the last war hyperpyrexia was

being induced by artificial inoculation with malaria, and this form of treatment is still extensively used. It has many advantages, such as the possibility of carrying it out in small hospitals anywhere, or even in the home. The fevers occur every second day or even every day, and so the ten fevers desired can be fitted into three weeks or less. Disadvantages, however, are that the fe-



vers are not so easily controlled as those electrically induced. Cases which have once been inoculated and cured of their malaria cannot be re-inoculated, having apparently acquired an immunity. Finally some difficulty and delay is frequently experienced in getting the malarial organism to proliferate in the blood stream.

Contra-indications are practically the same against both malaria and electrically induced hyperpyrexia. It is not

entirely safe to employ either in cases of cerebrospinal lues that have had a comparatively recent acute incident. Such cases are better given a preparatory course of bismuth or mercury. Old patients, especially those with marked arteriosclerosis or myocardial degeneration are not regarded as good risks. Other contra-indications are any serious form of heart disease, aortic aneurysm of marked severity, renal disease, pulmonary disease, chronic or acute.

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## Nursing Care of Patients During Fever Therapy

HELEN GLENDINNING

There is some variation in the opinion concerning the optimal height of the temperature, the duration of the individual treatments and the total number of hours of treatment necessary to obtain good results, but here we believe that patients improve after a course of treatments, given one a week for ten weeks at a temperature of 105.2 degrees Fahrenheit (rectal) for five hours at a time.

Preparation of the patient for fever treatment consists of a thorough physical examination, the forcing of fluids for twenty-four hours, a cleansing enema, a scanty breakfast (such as tea and toast) and luminal grains one and a half, all being given on the ward before the patient is sent to the Department at 8.30 a.m. A consent to fever therapy sheet must be signed by the patient and a witness before the first treatment is given. This agrees to exempt everyone from blame arising from unforeseen complications such as burns, skin eruptions and circulatory collapse.

The patient is placed in the fever cabinet, with a light blanket over him which is removed once the treatment is started. This type of machine is the standard cabinet used by the Ontario Government and is air-conditioned with the humidity of 90 percent. The patient's temperature is gradually raised until 105.2 degrees Fahrenheit (rectal) has been attained, with a duration of five hours at that level. The producing of artificial fever must be gradual and usually requires one to one and a half hours to attain desired temperature. The patient feels very uncomfortable and is sometimes delirious when his temperature reaches 103 to 104 degrees, but once above that level becomes quite normal again. The pulse and temperature (per axilla) are taken and recorded every five minutes and the patient is never left alone. The treatment room should be bright, airy and quiet.

Fluid intake is important. The patient's system reacts better with fairly large amounts of water (2000-3000

c.c.) thus avoiding dehydration and the consequent instability of the body's heat regulating mechanism. The loss of salts through perspiration is compensated for by the administration of sodium chloride in capsule form. The patient is given one capsule (fifteen grains) shortly after commencing treatment, then one at hourly intervals for five hours. If the patient becomes nauseated, orange or lemon juice with added sugar has proved helpful. Morphia grains one-sixth or grains one-quarter has been used with satisfaction when the patient becomes agitated, restless or noisy. Some patients have been found to go through the whole course of treatment without sedative. Ice compresses to the head and back of the neck add to the comfort of the patient and are started when the temperature reaches 104.4 degrees (rectal). The amount of water and ice compresses are limited until desired temperature is attained.

The pulse rate increases on the average of ten beats per one degree rise in temperature and the pulse rate in most cases is never allowed to go beyond 150 per minute. Ice compresses over the heart and in the axilla are often used to slow down an advancing pulse rate. Emergencies arise in every form of active treatment. Evidence of impending circulatory collapse such as rapidly increasing pulse rate, intense facial cyanosis or marked fall in blood pressure call for immediate termination of treatment. Coramine, intravenous of normal saline and oxygen are in readiness at all times. Intravenous fluid is a quick way of cool-

ing the body as well as supporting a circulation which is failing from too much dilatation.

Cooling procedures must be used with discretion. The patient should be cooled gradually by means of an electric fan and ice compresses, the temperature dropping about four points (four-tenths of one degree) in five minutes. One whole degree in temperature in five minutes both in heating and cooling seems too rapid for the cardio-vascular system. When a temperature of 104.4 degrees has been reached, the patient is covered with a blanket and the service doors of the cabinet opened and the heat inside of the cabinet is fanned out. The patient is removed from the machine when a temperature of 101 degrees is reached, and placed in a fever bed and kept in the Department until the temperature is reduced to 99.4 degrees (rectal) by alcohol rubs. Cooling requires from one to one and a half hours. The patient's skin must be examined well for any redness or blistering. The patient is returned to the ward and has a light supper, remaining in bed until the following morning when (in most cases) he rises, has breakfast and returns home or to business. He is advised to drink plenty of fluids, milk, water, and fruit juices, with a diet high in carbohydrates. The patients seldom lose weight, but if they do, it is readily gained following the termination of treatments. The patients are advised to report back to the Special Treatment Clinic for a further course in chemotherapy.

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### Nurses Wanted for the Grenfell Mission

Three nurses are urgently needed for the Grenfell Mission—one for hospital service and two for duty in nursing stations. Even in time of war, this vitally important work must not be allowed to suffer for want of

nurses. Full particulars may be obtained from Miss E. G. Graham, Grenfell Labrador Medical Mission, 48 Sparks St., Ottawa.





*Courtesy of the Montreal Gazette*

*For service in South Africa: Muriel Delong, Helen McQueen, Mildred Goodill, Agnes Hass, Frances Melkman, Janet Dunn, Georgina Young, Emily Groenewald.*

## On Active Service at Home and Abroad

The following Canadian Nursing Sisters have recently been enrolled for military service in South Africa:

*Alberta:* Ruth Turnbull, Lula McComb. *British Columbia:* Mary Greenfield, Thelma Scott, Marion Dobbie, Margaret Dobbin, Lillian MacMillan, Nancy Lee, Bodil Krag, Edith Coles, Marian Williams, Doris Bischlager, Elizabeth Clement. *New Brunswick:* Fannie Monroe, Marion McGowan, Greta Black, Mary Renault, Dorothy Barter, Alice Carney, Carmen McLean, Margaret McAleenan. *Ontario:* Clare Downs, Evelyn Rothwell, Mary Dolan, Jean Snelgrove, Bernice Firth, Agnita Kavanagh, Kate Garrett, Alma Effinger, Marie MacLean, Lillian Mitchell, Mabel Booth, Elsie Worrell, Muriel Rielly. *Quebec:* Marie Anne Parent,

Bernadette Dionne, Helen Brown. *Saskatchewan:* Gladys Berndt, Elizabeth Garies.

The following appointments have recently been made to the Royal Canadian Navy Nursing Service:

Margaret Dolan and Fausta McCullough will be posted to the signal school at St. Hyacinthe, Quebec. Four other nurses — Evelyn Stibbard, Mary Bryden, Joan Russell, and Olive Wilson — have already been posted to the navy hospital at Esquimalt, B. C. Personnel needs of the nursing service are estimated at 75, according to the Director of Naval Services. Nurses will be required at naval hospitals now under construction at St. John's, Newfoundland, and Halifax. Selection of a matron-in-chief and enlistment of nurses will be made as the hospitals near completion.

# Canadian Orthopaedic Unit for Scotland

One wing of a large Civil Defence Hospital in Scotland is to be manned by a contingent of Canadian doctors and nurses selected for their skill in orthopaedic treatment. Some months ago, a request for assistance in the form of expert nursing and surgical personnel was received and favourably considered by the National Executive of the Canadian Red Cross Society and the co-operation of the Canadian Medical Association and the Canadian Nurses Association was sought in the selection of a highly qualified staff of orthopaedic specialists. Each association appointed a committee of selection with the result that Dr. John T. Phair, chairman of the Executive Committee appointed to carry out this project, is able to announce the selection of a group of nine doctors, led by Dr. Arthur LeMesurier of the Hospital for Sick Children, Toronto, and twenty-two nurses under Nurse-in-charge Alice Hunter, formerly assistant superintendent of the Port Arthur General Hospital.

On Christmas Day, the Unit arrived safely in Scotland and is located at Hairmyres Hospital, Lanarkshire. Hairmyres is a beautiful summer resort situated in the district between Dundee and Aberdeen. Prior to their departure from Canada, the nursing personnel (apart from those who later joined the Unit in Montreal) were given an informal but hearty send-off by officials of the Canadian Red Cross, including Mr. Justice Gordon, chairman, National Executive, Canadian Red Cross; Dr. Fred W. Routley, National Commissioner; and Mrs. Adelaide Plumptre, vice-chairman, National Executive Committee and National Commissioner of the Canadian Red Cross Corps. Miss Florence H. M. Emory said a few words

of gratitude to the Red Cross for the detailed arrangements so carefully planned, and for the tangible token shown in giving each nurse \$100 with which to buy necessary articles before leaving Canada. Unfortunately, Miss Jean Browne was absent on account of illness, but Miss McEwen, the third member of the selections committee in Toronto, arranged for the serving of light refreshments which added much to the enjoyment of the occasion.

The Canadian Red Cross Society assumes responsibility for the transportation and insurance of the personnel and for the provision of special equipment for the hospital in which this Canadian unit is to work, while the Scottish Board of Health pays the salaries and provides the maintenance of the group while in Scotland. Through the good offices of the Red Cross, not only will the amount of compensation given every person in time of war in Britain be available for each member of the Unit, but, in addition, the Red Cross has practically doubled the amount through insurance obtained for doctors and nurses alike.

The following list indicates the nursing personnel of the Unit and the Schools of Nursing from which they graduated: *Nurse-in-Charge*: Alice B. Hunter (Toronto General Hospital); *Head Nurses*: Katherine H. Scott (Toronto General Hospital); Ruby I. Tinkiss (Children's Memorial Hospital, Montreal); Margaret C. Gow (Victoria Hospital, Prince Albert, Sask.) Jean C. Mason (Hospital for Sick Children, Toronto); *Staff Nurses*: Pauline Aitken (Toronto Western Hospital); Elizabeth Webster (Hospital for Sick Children, Toronto); Effie Morrison (Vancouver General Hospital); Mary



C. Murphy (Toronto General Hospital); Elizabeth Stewart (St. Eugene School of Nursing, Cranbrook, B.C.); Monica Waters (Victoria Hospital, Prince Albert, Sask.); Frances E. Higgs (Regina General Hospital, Sask.); Catherine C. M. Stewart (Lamont Training School for Nurses, Lamont, Alta.); Mary Earnshaw (Sherbrooke Hospital, Sherbrooke, P. Q.); Helen M. Kennedy (Toronto General Hospital); Margaret J. Laird (Toronto General Hospital); Phyllis Charlton (Hospital for

Sick Children, Toronto); Betty E. Flaxman (Toronto General Hospital); Barbara E. Stanton (Toronto General Hospital); Dorothy F. Morrison (Hospital for Sick Children, Toronto); Isabel H. Kemp (Hospital for Sick Children, Toronto); Frances H. Angus (Hospital for Sick Children, Toronto).

The nurses of Canada are proud to recruit for service in Scotland, a picked group of nurses specially skilled in orthopaedics. We know that they will give an excellent account of themselves.

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## "The Glory of this House"

The November issue of the Journal, published by the Nightingale Fellowship of St. Thomas' Hospital, arrived with the Christmas mail from England and offers most inspiring reading. It describes the Hutment Hospital near Godalming in which the majority of the patients are now being cared for and also gives a glimpse of the conditions under which an emergency service is still being maintained in the sheltered fabric of St. Thomas' Hospital. Here is a vivid picture of one of the many raids:

At our last Annual Fellowship Meeting, we had a large and sympathetic attendance. The Archbishop gave the address, and we were very happy to have our Founder, Dame Alicia, and Lady Riddell with us. Riddell House was still intact, but later that night, the raid came swiftly upon London. High explosives and incendiaries fell together, and in a few minutes most of our windows had been wrecked, and the long line of carpenters' shops (which

stretched half round the yard and possibly were once the old stables), were ablaze and soon burnt out. An A.F.S. fire-engine in the yard was destroyed and there was no chance of saving even the cars in the garages under the shops. One bomb cut a slice out of our roof parapet and fell into Paris Street, damaging small houses and killing a child. The maids were precipitated from their dormitory into ours by another bomb, and then, as water pipes were broken, we thought it wiser to migrate up into the hall. Fortunately only a few minor cuts were sustained, and as we dressed heads, we found to our amusement that Capelline bandages were much easier to apply if the patient wore curling pins!

By this time fires were numerous. The entire roof of Block Four was alight, also odd turrets on Gassiot House and Block Seven, and one of the mansions and many other buildings and houses around, even the famous old library of the Archbishop's Palace. The world outside was strange, with an ap-

palling though almost beautiful aura of light caused by these fires, enemy flares, chandeliers, and our own gunfire, and through all this inferno the men toiled on. We were sternly forbidden to cross the road to join our colleagues in the Hospital — there were plenty of helpers we were told, and especially men. However, Matron and Miss Harley always insist upon coming to see us during a raid and the memory of them looking very dusty, but undaunted and cheerful in their steel helmets, will always remain, as will also the vision of Miss Coode in her helmet, quietly going through the roll call in spite of the din of guns and ear-splitting crashes, then upstairs to see baths filled, and to fetch more rugs for the comfort of those sitting about in the hall. We were a motley crowd in the light of the storm lamps—electric light having failed—and there was frequent mirth as helmets crashed together when we ducked if a bomb fell near, and it seemed as though the walls were descending upon us. Most of our room doors were damaged by blast, floors and furniture covered by splintered glass, and curtains were down or torn.

As we looked along the corridors parallel with the yard, it seemed as though the rooms were already on fire—the glare and heat outside were so intense—and curtains were blowing in and out of the wrecked windows. It was the same in our newly-converted chapel in the library at the far end of the corridor. The flowers, so beautifully arranged in the morning, were now discoloured and shrivelled, the candles softening. The fire outside was very near, and vividly lit up the Crucifix, which seemed more than ever to signify the Christian faith, which will win

through. There was no greater place of safety to move it to and in the morning it still stood on the altar, unharmed and bright, surrounded by the débris littering the room.

The noise of bombs was so deafening that it was not even possible to know whether the Hospital was receiving direct hits, and the strain of uncertainty was great as planes seemed very low, incessantly circling around, choosing their targets. At dawn the attack became less severe and we made tea serving it with thick slices of bread and black currant jam to exhausted firemen outside, who had not been able to get to the canteen. But there was one man we were unable to reach, and he was silhouetted against the smoke-laden sky on the longest ladder I have seen, directing his hose over the top of Christian ceiling, nothing remained of the dormitory. Then daylight came and with it the relief that once again we had suffered no casualties among patients or staff, though very unhappily two firemen had lost their lives in our yard.

This is mainly an account of our experiences this side of the road. The work inside the Hospital that night, with the care of Lambeth's injured, is another story. Everyone worked late into the next night. Telephones, electricity, gas and water had all been disorganised. Each person had his or her own job and Colonel Irwin and Matron (the latter wearing steel helmet and a bed mackintosh pinned round her shoulders) worked with others, using squeegees and mops, trying to overcome the floods in Block Four. Our Founder's words at the meeting of the day before came to me: "The glory of this latter House shall be greater than the former, and in this place I will give Peace."



# Miss Martin Presents her Report

GERTRUDE M. HALL

In the December and January issues of the *Journal*, we learned how and why Miss Martin came to make a time study of nursing procedures and something about what the study disclosed. Miss Martin's next task was to formulate recommendations, based on her findings, for submission to Miss Caley, her superintendent of nurses. As she marshalled her facts, Miss Martin could not help thinking of certain episodes that she herself had observed and which pointed to a lack of understanding of nursing values if not to downright negligence. She remembered that a first-year student had been allowed to give a bed bath to a craniotomy case without any supervision although owing to their need for skilled nursing care, it is imperative that these patients be assigned to senior nurses only. Colostomy cases also require intensive nursing care, yet the technique of these difficult dressings was not taught in the classroom nor were these patients prepared, from a psychological point of view, for the ordeal which these dressings involve. A new and very nervous patient was catheterized by a student who gave no explanation of what she was about to do. Several patients were observed to move their arms while an intravenous was being administered. Nurses seldom reassured patients who were about to have a lumbar puncture.

Miss Martin knew only too well that the greatest menace to good nursing service undoubtedly lies in placing more work upon the shoulders of nurses than they are able to do well. She realized that some of (though not all) the poor work she had seen was due to the impossibility of doing two hours of work

in one hour of time. Furthermore, her study had demonstrated how time-consuming many of the new and difficult treatments are and how dangerous it is to hurry with them.

The more Miss Martin thought about the whole matter, the more she was convinced that, somehow or other, a suitable ratio of nurses to patients must first be established and then maintained. But she also realized that no permanent solution can be expected until hospitals can be persuaded to face and to provide for the cost of nursing service in the same way that they plan to meet their other financial obligations. When that time comes, as come it will, Miss Martin thought it might be helpful to present a review of recent investigations which, like her own time study, might shed some light on the whole question. She knew that, in the United States, the National League of Nursing Education has recently gathered from a number of representative hospitals information on the bedside nursing time they provide for the different services. Upon the basis of this material, plus the data assembled by the Department of Studies in the various surveys carried on in the last three years, the League is recommending for the present, and until further studies are made, that provision on the various services for ward and semi-private patients shall be as indicated below:

## *Average hours of nursing care required by each patient in 24 hours:*

Medical	3 to 3½
Surgical	3 to 3½
Obstetrical (mothers)	2½ to 3
Obstetrical (infants)	2½ to 3
Pediatrics (infants)	6

Pediatrics (2 to 5 yrs.)	4½
Pediatrics (over 5 yrs.) ....	4

These hours represent the average hours provided per patient in each twenty-four, but some medical patients may require considerably more than three hours or three and a half hours in twenty-four, while the convalescent patient who is mildly ill may be adequately cared for in fewer hours. This provision may need to be temporarily increased when patients require practically constant attention. The hours given above should therefore be regarded as the basic requirement for a satisfactory ward and semi-private nursing service with the understanding that additional hours may be indicated.

In comparing the findings of her own time study with the estimates made by the League, Miss Martin came to the conclusion that twice the number of nurses would be required in the wards in which she had made her observations if the patients were to receive the proper amount of nursing care. In spite of this discouraging fact, Miss Martin was sure that, in the meantime, much could be done to improve matters. So, by way of a beginning, she outlined the following recommendations:

1. An endeavour should be made to cultivate an awareness in the entire staff, of the teaching possibilities in the hospital. This should include the visiting medical men, supervisors and head nurses as well as the internes and students.

2. Records of the occurrence and timing of special and difficult treatments should be continued for a period of a year, and new treatments added as new trends are noted.

3. Such treatments as sigmoidoscopic examinations and duodenal drainage should not be done on the wards by the nursing staff.

4. More emphasis should be put on the reassurance of patients before attempting special treatments.

5. More opportunities to assist with special treatments should be given to students.

6. Sufficient sterilizing equipment should be available on every ward and there should be a good supply of abdominal binders, standards for nasal suction, etc.

7. Special nurses should be employed for critical cases for at least the first eight hours after operation.

8. Before adopting new procedures and treatments throughout the entire hospital, it would seem advisable to have one ward where these treatments could be tried out. A study of the benefits and needs of the patient might also be made and the amount of nursing care necessary to provide for these could be estimated.

9. The admission after 5 p.m. of pre-operative patients requiring treatments should be avoided.

10. Head nurses should endeavour to assign patients who are very ill, and who require skilled nursing care, to more senior students. It is further recommended that these patients should be grouped together in the ward so that continuous nursing care may be more effectively planned.

When at last the study was completed, Miss Martin experienced a pleasant sense of achievement. Picking up her carefully compiled manuscript, she went to the office of the superintendent of nurses. "Here it is, Miss Caley," said she. "Good", said Miss Caley in her usual brisk manner, "now that we know where we stand, we can plan to go forward. We will have a staff nurses conference tomorrow and decide where to begin."



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## The General Meeting

The nurses of Canada will learn with pleasure that the Honourable Malcolm Macdonald, High Commissioner to Canada from Great Britain, has accepted an invitation to address the Canadian Nurses Association at a dinner during the General Meeting which is to be held in Montreal, June 19-27, 1942. Other guest speakers will be Miss Effie J. Taylor, President of the International Council of Nurses, who will address a meeting on Friday evening, June 26, and Miss Julia Stimson, President of the American Nurses Association, who will speak on Monday evening, June 22. At the close of the latter session, the French-speaking Alumnae of the Province of Quebec will act as hostesses at a reception for all members while a similar function will be held on Friday evening when the English-speaking Alumnae will be hostesses.

The afternoon and evening of Thursday, June 25, are set aside for a visit to the Hotel Dieu Hospital, where the nurses of Canada will observe with suitable ceremonies the tercentenary of the arrival of Mlle Jeanne Mance in Montreal. All arrangements for this interesting event are under the direction of the Reverend Mother Allard, Mother Superior of the Community of Hotel Dieu of St. Joseph, of Montreal.

Due to the amount of time required for adequate presentation and discussion of various organization undertakings, the Executive Committee will meet on Friday and Saturday, June 19 and 20,

and again on June 27, thus leaving five entire days for carrying out a programme that is being carefully and thoughtfully prepared under the direction of the President. The immediate and post-war responsibilities of the Canadian Nurses Association are becoming more extensive and varied with the passing of each month, therefore it is most important that there be a full representation of official delegates from the provincial associations of registered nurses as well as large attendance of members in general at the twenty-first General Meeting of the National Organization.

## British Civil Nursing Reserve

For the information of nurses in Canada who are interested in the announcement concerning the British Civil Nursing Reserve as published in these *Notes* for January, a summary has been prepared from information more recently received from the Chief Nursing Officer and Principal Matron.

The Civil Nursing Reserve has been organized to supply nurses to hospitals in England and Wales administered by municipal or voluntary authorities. The Civil Nursing Reserve recruits nurses, places them on the register and helps them to secure positions, following which nurses are under the control of the employing authorities and subject to certain terms and conditions. In brief these are: agreement to serve for a period of one year at any hospital in England and Wales (except mental hospitals); nurses must be prepared to

serve wherever sent; minimum hours of duty, forty-eight hours weekly, but subject to the needs of the employing authority; annual salary £105 plus an allowance of £20 for a nurse in charge of a ward; uniforms and maintenance are provided.

It should be noted that many hospitals with shortage of nursing staff are those which treat large numbers of chronic sick, also that there is need of experienced nurses for day-time and resident nurseries that are being set up for children under five years in the most vulnerable areas, and for those whose mothers work in factories.

The Canadian Nurses Association has been asked to assume responsibility in recruiting nurses for the Civil Nursing Reserve by receiving and approving applications, including a report of recent medical examination, then send the names of suitable applicants to the appropriate authorities in Canada who will make arrangements for passage overseas. Each nurse must hold provincial registration and be responsible for all expenses involved in transportation to London, England.

As the remuneration offered is less than the customary rate of salary in Canada, it is recommended that nurses wishing to join the British Nursing Reserve arrange to have transferred to England certain funds to cover any emergencies that may occur.

#### A Message from Overseas

The President, Miss Grace M. Fairley, received the following message from Matron Blanche Herman, formerly Supervisor of the Western Division of the Montreal General Hospital: "Greetings to Canadian Nurses Association from Number 14 Canadian General Hospital Overseas." This evidence of thoughtfulness toward their National Organization by our Nursing Sisters will

be much appreciated by all members of the C.N.A.

#### British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

##### *British Columbia:*

Individual donations .....	\$16.00
Nanaimo Chapter, Registered Nurses Association of British Columbia .....	2.25
Prince Rupert Chapter, Registered Nurses Association of British Columbia .....	21.00
Silver Arrow Chapter, Registered Nurses Association of British Columbia .....	200.00
Vancouver Graduate Nurses Association .....	6.75

##### *Manitoba:*

Dauphin Graduate Nurses Association	35.00
Deloraine Hospital Staff, Proceeds of tea .....	16.50
Graduate Nurses' Association, The Pas .....	10.00
Miss Lightly, Manitoba Graduate Nurse, now on duty at Rochester Minn., convened a tea for Canadian nurses, proceeds .....	50.30
Neepawa Hospital staff .....	11.50
Individual nurses .....	18.30
Selkirk staff .....	12.00
Student nurses, St. Anthony's Hospital, The Pas .....	6.55
Student Council of St. Boniface School of Nursing .....	150.00
A.A., Winnipeg General Hospital	100.00
Winton Community Club, The Pas	15.00

##### *New Brunswick:*

Fredericton Chapter, New Brunswick Registered Nurses Association ....	37.00
Nursing staff, Victoria Public Hospital, Fredericton .....	12.45
Student nurses, Victoria Public Hospital, Fredericton .....	5.00
Graduate Nurses, Newcastle .....	56.00

##### *Nova Scotia:*

Valley Branch, Registered Nurses Association of Nova Scotia .....	21.84
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##### *Ontario:*

District 1:	
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A.A., Memorial Hospital, St. Thomas	11.50	Public Health Nurses Association, Department of Public Health, Toronto	378.18
District 2 and 3:			
Five Seaforth nurses	5.00		
District 4:		District 9:	
Roosevelt Hospital, Alumnae, Hamilton Branch and Hamilton nurses	2,500.00	Kirkland Lake nurses	13.50
District 5:			
"A Friend"	25.00		
Nursing Sisters, Camp Borden Military Hospital	21.66		
Nursing Sisters, Toronto Military Hospital	23.00		
Graduate Nurse staff, Toronto Hospital, Weston	15.00		

### Nightingale Memorial Fund

A donation to the Florence Nightingale Memorial Fund has been received from:

*Ontario:*

A. A., Kingston General Hospital \$5.00

## Louise Brent Goodson

In the death of Louise C. Brent (Mrs. William Goodson) we have lost another of the small group of outstanding women who laid the foundations of nursing service and education in Canada. Louise Brent was born in Toronto in 1856 and was educated in a private school in that city. She graduated in 1890 from the School of Nursing of the Brooklyn City Hospital, New York and, as was usual in those early days when well prepared hospital administrators were at a premium, was immediately appointed to the responsible position of Lady Superintendent of Grace Hospital, Toronto. After rendering valuable service in this capacity for six years, she became Superintendent of the Hospital for Sick Children in 1896. With the unfailing support of Mr. John Ross Robertson, she was enabled to introduce policies and methods which were very advanced for the times. Shortly after she took office, the course of instruction in the School of Nursing was increased from two to three years. In 1907, Miss Annie S. Kinder was appointed as full-time instructor and, with her able assistance, Miss Brent developed and maintained high educational

standards. A preliminary course was established and classes were admitted twice yearly at regular intervals. A course in dietetics was included in the curriculum and the bedside teaching of nursing procedures was both thorough and practical. Largely through the generosity of Mr. Robertson, a beautiful residence for nurses was opened in 1907 which, for many years, was unsurpassed in Canada.

Miss Brent was always interested in nursing organizations and gave help and encouragement in the formation of the H.S.C. Alumnae Association in her capacity of Honorary President. She was also very active in both the international and the national field. She was a charter member of the Canadian Nurses Association and from 1911 to 1912 served as its first vice-president. In 1909, she had the honour of being a member of the delegation which attended the congress of the International Council of Nurses at the time that the Canadian Nurses Association became affiliated. She also served as treasurer of the Canadian Association of Nursing Education before it became a Section of the national Association.

# Medals Make Magic

EDITH NAYLOR

We were making plans for our annual tea of the Victorian Order of Nurses York Township and the auxiliary committee asked us to arrange a feature exhibit of some sort to add colour and interest. About five days prior to the date of the function we had a sudden brain wave and decided to attempt a collection of graduation pins from the various hospital training schools for nurses. From the catch-all, which is everybody's attic, we brought forth an antique picture frame and examined its possibilities. It measured about 30 by 24 inches and the frame proper was of deep, rich, hand-carved gold. The gold-encrusted relic began to come to life and its vitality flowed through our hands like a current and the indignity of years of oblivion came to an end. "It came over with Grandma and her household effects in 1886 and Grandma's crossing was not a breathless five-hour hop in a clipper, either."

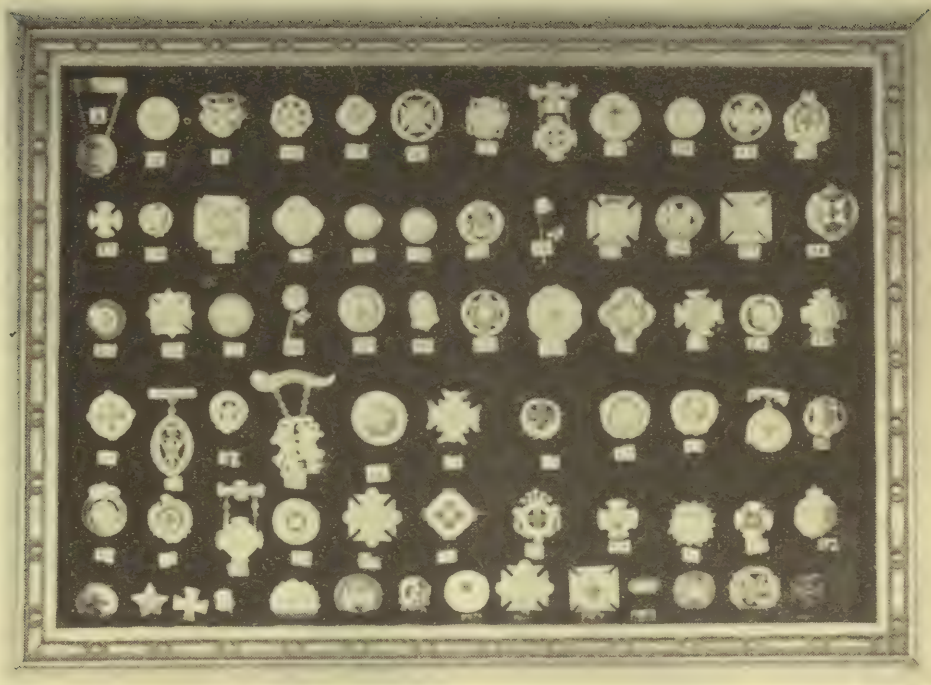
We could visualize the pins rapidly taking shape on the mount, so we dashed to the basement workshop where the dark-toned pastoral of an enchanting English countryside was discarded and the frame underwent conversion into a deep shadow-box case. Convenient hinges and a clasp were applied so that the frame or lid of the box could be readily raised to set in our entries as they arrived. While the carpentry was in progress, we debated about the lining of the shadow-box. "It should be black velvet or royal purple, like the jewellers use to show off their diamonds, and we've got the very thing — the train of my last year's evening gown. We scurried upstairs and dragged forth a couple of dresses, spreading them out

on the bed for inspection. "This black velvet tail is the ticket. Its lustrous pile will make our pins sparkle like the crown jewels." There was not enough material in the train alone so the gown became a sacrificial offering. Soon the work was finished and we stood back to survey our creation — a Rembrandt velvet-lined shadow-box.

Next morning the V.O.N. office buzzed with enthusiasm, and a cry was broadcast for pins. Pins—graduation pins from far and near—rose like a clarion call. Hastily penned letters brought forth amazing results, one contact leading to another. We procured a list of Toronto institutions, then Ontario hospitals, then the Dominion slid into our scope. If only we could have all the Provinces represented—but alas, time was of essence. The telephone rang, a contact reporting. It was the Western Hospital: "Yes, you can count on us for ten pins," and hardly had the receiver banged when the Finnish Consul called: "Go to McPherson Avenue, there's a Finnish nurse there with a Helsinki hospital pin. She will also give you the address of a Danish nurse from Copenhagen." Calls from everywhere began rolling in. "You can have the loan of a New York and Rhode Island pin", came another call. "Mrs. P. has a Manchester pin, and I've just thought of a nurse who hails from the Aberdeen General. She lives somewhere in the east-end."

Next day, when we reached home after our rounds, fatigued with the fun of the chase and bearing many precious insignia, we were met with a list of calls, messages and packages. Opening a parcel from Winnipeg we found con-





tributions all systematically labelled — thanks to our friend at the General. We were cataloguing our entries (each pin must be safeguarded and returned safely and without error for they were priceless) when the door-knocker sounded and there was our friend from Hamilton grimly clutching a box containing some sixteen pins ranging all the way from Calgary to St. Johns. We were all down on our knees on the floor, with its mushroom coloured broadloom setting off our antique frame, as pin after pin was entered and numbered with tiny figures taken from an old calendar. The telephone again. It was the V.O.N. calling. "We've got Fort Simpson, British Columbia, for you, also Saskatoon and a Quebec city. Dr. Isabel has a line on a Chicago and New York, and East York Branch have three, including Detroit. We are working on Nova Scotia—yes, we'll call you." Our son came in, sensing the unusual,

and detected the minutely printed Latin mottos, which were a home-work assignment. "Gee, what a paradise!" he exclaimed, running the magnifying glass over our pins. "Enough Latin here to last me three weeks. You know, the language doesn't seem so dead on medals, does it?"

Thus we handled the inspiring collection piece by piece, admiring the shape of this one, the monogram of that; the exquisite carving and coloured enamel work of others. Here was a tiny diamond forming the light in the lamp of perpetual light, and there was a minute lamp of learning, delicately chiselled. In nearly every pin was embodied by ingenious craftsmanship, the Cross, symbol of mercy and salvation. Here was a chest worth \$2500, in terms of money, a thought which but further impressed us with our trust. Of infinitely greater significance however, was the collective value of travail, sacrifice,

and achievement; of years of study mingled with practical service to mankind; of long, solitary nights of vigil, and of bearing solemn witness to the enigma of life and death. There was an element of magnetic attraction in their touch which made us reflect that, however practical and courageous a nurse must be, however grimly materialistic must seem her world and her profession, she must be ever conscious of the profound mystery of life, and, as she looks toward and over the frontiers of the vast unknown, she must needs be awed in the presence of the Infinite and thus strengthened for her task.

This collection included the graduation pins, or other insignia, associated with the following institutions: *Alberta*: General Hospital, Calgary; Misericordia Hospital, Edmonton. *British Columbia*: Fort Simpson General Hospital. *Manitoba*: Brandon General Hospital; St. Boniface Hospital; Winnipeg General Hospital; Children's Hospital; Grace Maternity Hospital; Misericordia Hospital; St. Joseph's Hospital; Victoria Hospital. *New Brunswick*: Victoria Hospital. *Nova Scotia*: All Saints' Hospital, Springhill; St. Martha's Hospital. *Ontario*: Toronto General Hospital; Hospital for Sick Children; Western Hospital; Wellesley Hospital; St. Joseph's Hospital; St. Mi-

chael's Hospital; Grace Hospital; East General Hospital; Women's College Hospital; University of Toronto School of Nursing; Ottawa Civic Hospital; Cornwall General Hospital; Lord Dufferin Hospital, Orangeville; Ontario Hospital Training School; Stratford General Hospital; St. Joseph's Hospital, Hamilton; Lady Minto Hospital, Cochrane; Kingston General Hospital; Homewood Sanatorium, Guelph; Hamilton General Hospital; St. Vincent de Paul Hospital, Brockville; Guelph General Hospital; Victoria Hospital, London; Faculty of Public Health, University of Western Ontario; General Hospital, Peterborough; St. Joseph's Hospital, London; Brantford General Hospital; Belleville Hospital; Nicholls Hospital, Peterborough; St. Elizabeth's Hospital, Sudbury; Hotel Dieu Hospital, Kingston; St. Andrews Hospital, Midland; General Hospital, Pembroke. *Quebec*: Jeffery Hale's Hospital, Quebec City; Royal Victoria Hospital, Montreal. *Saskatchewan*: Prince Albert Municipal Hospital; City Hospital, Saskatoon. *Newfoundland*: S. A. Grace Hospital, St. John's. *Great Britain*: Aberdeen Hospital; General Nursing Council for England and Wales. *U.S.A.*: Chicago Lying-in Hospital; Teachers College, Columbia University; St. Luke's Hospital, New York; Grace Hospital, Detroit; Roosevelt Hospital, New York; Providence Lying-in Hospital; Johns Hopkins Hospital, Baltimore. *Denmark*: Danish Nurses' Association, Copenhagen.

## A Recent Appointment

Following the appointment of Miss Edith Amas to the Nursing Service of the R.C.-A.M.C., Miss Ella Mae Howard has been appointed director of nursing in the Saskatoon City Hospital. Miss Howard is a graduate of the School of Nursing of the Royal Alexandra Hospital, Edmonton, and has also taken the course in teaching and supervision offered by the McGill School for Graduate Nurses. Before qualifying herself as a nurse, Miss Howard was a tea-

cher in the public schools of Hanna and later in the Normal Practice School in Camrose. She served as instructor in the School of Nursing of Nicholls Hospital, Peterborough, and immediately prior to her present appointment, as assistant superintendent of nurses in the Regina General Hospital. With such excellent experience in both teaching and administration, Miss Howard's success in her new and responsible task may be confidently expected.



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# HOSPITALS & SCHOOLS *of* NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## Standardization of Procedures

GWLADWEN JONES

Which of your hospital procedures would you like to see adopted in the nursing schools of Canada? This challenging question calls for an answer from each instructor of the nursing arts. Before an answer can be given, however, do you believe that the standardization of procedures is desirable? The writer advances the following reasons for the affirmative by a consideration of the disadvantages which are a result of the lack of uniformity which prevails at present.

On the home front, let us consider firstly the student who comes to us for affiliation. This student would adapt more readily and would be spared much bewilderment and uncertainty if standardization became effective. These students are frequently in their third year and must readjust to other methods; this, from the standpoint of economy of time, is not in the best interest of nursing education. Secondly: would it not be advantageous for our own students, when they become candidates for the provincial registration examinations, as well as for the examiners of these various subjects, if more uniformity of lectures and demonstrations existed? The rating scale would not be subject to such a range of exceptions. Thirdly: the new graduate becomes a private

duty nurse, and is called to serve various doctors and in many hospitals; here again some uniformity of procedures would enable her to adapt herself readily with the minimum of assistance, thus giving efficient service to both patient and doctor. Fourthly: consider a graduate nurse desirous of furthering her education by postgraduate experience in one of our Canadian universities in order to prepare herself for teaching and supervision. During her field work, which in all probability will be spent in a school other than the one in which she received her nursing education, she may be assigned the teaching of a lesson in nursing arts, and while she may appreciate the value of the teaching principles recently stressed, and make definite application of them, may express concern and manifest insecurity because she is unfamiliar with the methods taught in that particular school. Is it not reasonable that if such procedures as bed-making, proctoclysis and innumerable others, could be standardized, the postgraduate student would find it infinitely easier to adjust and at the same time make a worthwhile contribution to the teaching program, rather than necessitate it being considered an extra or review class. Fifthly: the path of the newly appointed arts instructor would

be much smoother if some consideration to the standardization of procedures were given. Instead of weeks of unlearning and indecision she would be able to proceed, secure in the knowledge that the basic principles which she is teaching are those she was taught. Sixthly: would it not be advantageous to the inspector of schools of nursing if certain methods were standardized, with the knowledge that the most desirable method had been adopted? Petty differences in technique to which a certain school might cling jealously could be dealt with judiciously.

If such a challenge were accepted and standardization came into effect, films for use in a community or adjacent communities might be prepared, the expense being borne by the various schools. This would be a suggested project for local committees on instruction, and one which would be of interest to all members. We realize the magnitude of the task and that it would infringe on the individuality of all schools and doubtless meet with opposition. What school will be willing to forfeit its technique? Yet much that is progressive provokes opposition.

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## The Royal College of Nursing

The Council of the Royal College of Nursing heard with pleasure of Lord Horder's promise to preside over the College's reconstruction committee. This committee will include representatives of all kinds of employing bodies in voluntary and local government services, all the most important groups of medical officers, and representatives of every branch of nursing. It will advise on recruitment and training, both now, when there is such a serious shortage of nurses and after the war, when many women will again be thrown on the labour market. It will recommend legislative measures for controlling the post-war activities of the assistant nurse, and the regulation of conditions of service by negotiation between employers and employed. Since its findings will represent an up-to-date and agreed policy, arrived at between the nurses themselves and those for whom they work, they should be of national value.

So many nurses are being absorbed into war industries that the need to draw up proper terms of reference and salary scales has become urgent. Endorsement of a proposed code of ethics for industrial nurses is being sought from the Society of Industrial Medical Officers and the British Medical Association. The Royal College maintains that the status of the industrial nurse should be that of other salaried staff, with the same privileges; her professional relations with the industrial medical officer (where one is employed) and the labour or welfare manager, are clearly defined. The principle of overtime pay for overtime work is strongly deprecated but the Council emphasizes the nurse's right to an appropriate fee for lecturing in non-working hours. The Royal College of Nursing recommends that industrial nurses should be covered with regard to professional indemnity.



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# PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

## Family Health in Montreal

MARIE-ROSE GRIGNON *and* MARIA OLIVIER

The purpose of this article is to point out what is being done in the realm of health in Montreal among our French-Canadian families. Family health service is maintained by the combined efforts of both official authorities and private associations. Our voluntary organizations have been particularly active in carrying out their work of advance guards, that is, of seeking out new fields of action, showing the value of the services rendered, and creating public opinion of a nature to allow the work to be continued. Public authority fulfills its obligation by subsidizing voluntary associations while, at the same time, it sees that the work is properly done. It looks after everything relating of necessity to a health department and seeks to supplement the efforts which cannot be required of voluntary organizations.

The social exchange replies to requests for information on the part of interested organizations. Here, the mother is the object of particular attention. Various organizations give a visiting nursing service as well as proper medical care, either to mothers in comfortable circumstances or to needy mothers. Mothers prefer to be treated by their own doctor when possible; in serious cases they call in a specialist.

"L'Assistance Maternelle", a welfare

organization subsidized by the Federation of French-Canadian Charities, offers complete care to needy mothers and maintains a dispensary for examination, analyses, and education. It provides for care by a doctor at the time of birth, and for home nursing from the time the case is entered until after the birth. Material assistance is also given in certain cases, including layettes, food and fuel. The Metropolitan Life Insurance Company, through its visiting nurses, offers to its policy-holders not only nursing during illness but also furnishes an up-to-date educational program. This Company's pamphlets have done a great deal to familiarize the public with public health. Within recent years, a new visiting nurse service has been organized to meet the needs of the public in general. It is called the "Société des Infirmières Visiteuses", and is similar to the Victorian Order of Nurses, giving bedside care to all cases of illness, in maternity cases, special treatments, etc. Patients pay according to a fixed tariff, but in needy cases care is given free. This organization is subsidized by the Federation.

From the time of its entrance into the world, the child must fight against contagious disease. It may be protected against attack from certain ones, notably

smallpox, diphtheria, and tuberculosis. "B.C.G." (*Calmette-Guerin bacillus*) is furnished free of charge by the Institute of Microbiology and Hygiene of the University of Montreal and is within reach of all on the recommendation of the doctor in attendance. In most maternity hospitals "B.C.G." is administered to new-born infants if the parents wish. Where the mother is tuberculosis, or when there is tuberculosis in the family, the vaccinated child is removed from contact after birth and taken to a B.C.G. clinic, where it remains for several months and receives required care. This clinic, operated under the "Assistance Maternelle", is subsidized and is under the direction of a paediatrist. The staff must be free from tuberculosis, and must submit to periodical examinations. Other children in these families are also protected by the Grancher fund, which sends children to the country under the supervision of nurses of the Ministry of Health.

Infant mortality has diminished considerably within recent years, thanks to well-baby clinics opened by the City Health Department and thanks to those of the "Federation d'Hygiène Infantile", a private institution organized on a parochial basis and subsidized by the Federation. Visiting nurses, either in clinics or at home, teach mothers how to care for their babies. In these clinics are also received children of pre-school age and immunization against diphtheria is administered.

The School Social Service organizes school canteens, the purpose of which is to teach children the nutritional value of milk and thereby to help under-nourished or weak pupils. It seeks to insure the consumption, at school, of one-half pint of milk per day by children who are ten pounds or more underweight. The milk is furnished free of charge to children in needy families.

For some years the School Commission has operated the Victor Doré School for crippled children. This school, erected and equipped according to most modern plans, allows children to continue their studies who would otherwise be prevented from doing so on account of their infirmity. An autobus takes the child to school and back home again. The pupils have their lunch at school, thus insuring proper nourishment. The school is provided with beds where the children may take a rest, rooms equipped with apparatus for correctional physical exercises, manual training classes, etc. These children are under the supervision of a paediatrist and a specialized nurse. A school for epileptic children also exists. It cares for them, educates them, gives them the noon-day meal and a lunch in the afternoon, also furnishing car tickets.

There are vacation camps for little boys and girls which permit them to enjoy three weeks in the country. The Bruchési Institute Health Camps provide two months of vacation for children who are free from tuberculosis, but who have had contact with persons having the disease. A large number of young school children, selected from among the most needy, benefit from these camps, which are even yet not too plentiful. The others find solace in the playgrounds organized by the city.

In the fight against tuberculosis, Bruchési Institute, with its three dispensaries all well-equipped and having an excellent medical and nursing service, seeks out, diagnoses, and educates patients and directs them to hospitals or sanatoria. In her house-to-house visits, the nurse looks after health conditions and watches over the children to catch the first signs of the malady. An association of former tuberculosis patients, "La Croix de Lorraine", facilitates a return to normal living conditions and to



work, and even secures further professional training for those who desire it.

The Department of Health, through its Sanitary Districts, which are provided with centres of organization and education, completes the work of private institutions and looks after public health in general. To accomplish this work a large number of clinics have been opened to the public; pre-natal clinics exist for the protection of the mother and child. Mothers are welcomed by doctors and nurses who pay particular attention to their condition. The doctor's examination is completed by blood and urine analyses and the family physician is advised of the results. Educational work is carried out through personal talks and classes.

Baby clinics, in their fight against infant mortality, have already given good results. They receive: (1) babies from birth to one year to be weighed and measured regularly, to be supervised as to normal growth, control of feeding and inculcation of health habits and practices; (2) children of pre-school age, that is, from one to five years, whose physical and mental development is watched. A medical examination preparatory to the child's entrance into school allows the discovery of certain physical defects and their subsequent correction. In these clinics, preventive medicine is practised under the form of antidiphtheric immunization, starting at nine months of age, and smallpox vaccination, this latter being obligatory for admission to school. The Vollmer test is also made to ascertain tuberculosis contact cases. Positive patch tests are visited by a nurse who makes an investigation and refers the children, as well as the contacts, either to the family doctor or to the Bruchési or Laurier Clinic, the latter, a municipal anti-tuberculosis clinic, for radiography. All the above-mentioned vaccines, as well as certain

sera — antidiphtheric, anti-scarlet fever, anti-poliomyelitis — are also furnished gratis to practising physicians who ask for them.

On reaching school age, the child, through contact with a greater number of children in class, is exposed to contagious diseases common to childhood. This necessitates effective supervision so as to eliminate, as early as possible, every suspected case. It is also necessary to control absence due to sickness, by visits to homes. In every case of contagious disease confirmed by a doctor, the nurse goes to the home to investigate, to instruct the members of the family as to reporting the case, the isolation of the patient, disinfection during the period of illness, enforcing of by-laws as to quarantine. Another highly important point is to impress upon the parents the need for medical attention and adequate nursing. The Pasteur and Alexandra Hospitals for contagious cases render valuable services in caring for cases where isolation cannot be carried out in a proper manner in the home, or where the patient cannot receive the proper care.

At school the child receives a periodical medical examination for the purpose of finding and correcting physical defects. Parents are invited to this examination. Parents and the family doctor are notified as to the defects ascertained. This medical examination is completed by all necessary special examinations such as the Binet-Simon test, audiometric test, etc. The former helps classify pupils for industrial classes and permits of selecting those who should be referred to the mental hygiene clinic. There are frequent cases of dental decay among school children. A number of dental clinics operated by the city have, as their object, the spreading of knowledge concerning care of the teeth by means of examination of teeth and

lectures in class by dentists. Cleaning teeth, filling, extractions, and even orthodontia, are practised in a special clinic.

All the work of the City Health Department Sanitary Districts is based on the visits of nurses to the homes. This visit is for the purpose of teaching and applying principles of public health, to develop in the family circle a favourable attitude requisite for preserving health.

This is a work of discovery, education and co-operation with the various organizations interested in public health in its physical, moral and social aspects. In the Montreal Department of Health, the health teaching section contributes in great measure to the dissemination of principles of prevention among the French-Canadian public by articles, press releases, its annual report, Health Bulletin, radio talks, and pamphlets.

## Hygiène Familiale

Cet article a pour but d'exposer ce qui se fait en matière d'hygiène à Montréal, dans nos familles canadiennes-françaises. Le service familial d'hygiène est assuré par les efforts combinés des autorités officielles et des associations privées. Nos associations volontaires ont été particulièrement actives en effectuant leur travail d'avant-garde, c'est-à-dire en recherchant de nouveaux champs d'action, en prouvant la valeur de leurs services et en créant une opinion publique capable d'en assumer la continuation. De son côté, l'autorité publique remplit son rôle en subventionnant les associations volontaires tout en s'assurant de la qualité du travail accompli. Elle s'occupe de tout ce qui relève nécessairement d'un service d'hygiène, et s'efforce de répondre aux besoins auxquels les associations volontaires ne subviennent point.

L'échange social répond aux demandes de renseignements des organisations intéressées. Chez nous, la mère est l'objet d'une attention toute particulière. Diverses organisations offrent, soit aux mères à l'aise, soit aux mères nécessiteuses, un service d'infirmières visiteuses de même qu'un service médical adéquat. Les mamans préfèrent, quand la chose est possible, se faire suivre par leur médecin de famille. Dans les cas difficiles, elles font appel au spécialiste.

"L'Assistance Maternelle", oeuvre de bienfaisance subventionnée par la Fédération des Oeuvres de Charité Canadiennes-françaises,

offre à la mère nécessiteuse un service complet; dispensaire pour examens, analyses, éducation, soins du médecin accoucheur, service de visiteuses à domicile depuis l'inscription du cas jusqu'à la visite postnatale. Une aide matérielle est aussi donnée en certains cas sous forme de layettes, aliments, chauffage, etc. "L'Assurance-Vie Métropolitaine", par son service d'infirmières visiteuses, offre à ses abonnés non seulement les soins au chevet en cas de maladie, mais elle élabore un programme d'éducation familiale très à la page. Les publications de cette compagnie ont fortement contribué à vulgariser les principes d'hygiène.

Dans ces dernières années, un nouveau service de visiteuses a été créé afin de répondre aux besoins de la population en général. C'est la Société des Infirmières Visiteuses, service similaire au "Victorian Order of Nurses", qui procure les soins au chevet pour toutes les maladies, pour les cas de maternité, pour les traitements spéciaux, etc. Les patients paient suivant un tarif établi, mais en cas d'indigence, les soins sont donnés gratuitement. Cette oeuvre est subventionnée par la Fédération des Oeuvres.

Dès son entrée dans la vie, l'enfant doit lutter contre les maladies contagieuses. Contre l'atteinte de certaines affections, il peut être préservé, notamment contre la variole, la diphtérie, la tuberculose, etc. En ce qui concerne la tuberculose, le B.C.G. (Bacille Calmette-Guérin) est fourni gra-



tuitement par l'Institut de Microbiologie et d'Hygiène de l'Université de Montréal et est à la portée de tous sur recommandation du médecin traitant. Dans la plupart des maternités, le B.C.G. est donné aux nouveau-nés quand les parents le désirent. Dans le cas d'une mère tuberculeuse, ou, quand il y a un tuberculeux dans la famille, l'enfant vacciné est soustrait au contact dès sa naissance et conduit à la clinique du B.C.G. où il reste plusieurs mois et y reçoit des soins voulus. Cette clinique, filiale de l'Assistance Maternelle, est une oeuvre subventionnée. La direction en est confiée à un médecin pédiatre. Le personnel doit être indemne de tuberculose et doit subir des examens périodiques. Les autres enfants de ces mêmes familles sont aussi protégés par l'oeuvre Grancher, service de placement familial à la campagne, sous la surveillance des infirmières du Ministère de la Santé.

La mortalité infantile a considérablement baissé depuis quelques années, grâce aux cliniques de nourrissons du Service de Santé de la Ville et aux "Gouttes de Lait" cliniques de nourrissons de la Fédération d'Hygiène Infantile, oeuvre privée organisée sur une base paroissiale et subventionnée par la Fédération des Oeuvres. Les infirmières visiteuses, soit à la clinique, soit à domicile, enseignent aux mères comment prendre soin de leurs bébés. Dans ces consultations, on reçoit aussi les enfants d'âge préscolaire et l'on procède à l'immunisation contre la diphtérie.

"Le Service Social scolaire" organise les cantines scolaires qui ont pour but de démontrer aux enfants la valeur nutritive du lait et d'aider ainsi l'enfant débile. Il consiste à promouvoir la consommation, à l'école, d'un demiard de lait par les enfants qui ont au moins dix livres en bas du poids moyens. Le lait est fourni à titre gracieux aux écoliers appartenant aux familles nécessiteuses. Depuis plusieurs années déjà, la Commission Scolaire a ouvert l'Ecole Victor-Doré pour les enfants infirmes. Cette école, aménagée d'après les données les plus modernes, permet à l'enfant de poursuivre ses études lorsque son infirmité l'empêche de suivre les classes régulières. Un autobus prend l'enfant à la maison le matin et le ramène chez lui le soir. Les enfants dinent

à l'école, ce qui leur assure une alimentation rationnelle. L'école dispose de lits de repos, de salles munies d'appareils pour exercices physiques correctifs, d'ateliers de travaux manuels, etc. Ces enfants sont sous la surveillance d'un médecin pédiatre et d'infirmières.

Une école pour les enfants épileptiques reçoit cette catégorie d'enfants, les traite, les éduque, fournit le repas du midi et la collation puis les billets de tramways. Cette école possède un atelier pour la confection des jouets nécessaires à l'enseignement manuel de ses élèves. C'est une école indépendante, et les parents doivent y conduire eux-mêmes leurs enfants.

Des colonies de vacances existent pour garçons et fillettes, les faisant bénéficier d'un séjour de trois semaines à la campagne. Les Camps de Santé de l'Institut Bruchési procurent deux mois de vacances aux enfants indemnes de tuberculose, mais qui ont été en contact avec des tuberculeux. Un grand nombre de petits écoliers choisis parmi les plus déficients bénéficient de ces colonies de vacances encore trop peu nombreuses. Pour les autres, il existe des terrains de jeux organisés par la Ville.

Dans la lutte contre la tuberculose, l'Institut Bruchési, avec ses trois dispensaires bien outillés et un excellent service de médecins et d'infirmières visiteuses, recherche, diagnostique, éduque les patients et les dirige vers l'hôpital ou le sanatorium. Dans ses visites à domicile, l'infirmière voit aux conditions d'hygiène, surveille les enfants pour saisir à son réveil l'éclosion de la maladie. Une association d'anciens tuberculeux "La Croix de Lorraine" facilite le retour à la vie normale et au travail et elle procure une nouvelle formation professionnelle à ceux qui le désirent.

Le Service de Santé, par ses "Districts Sanitaires" pourvus d'un Centre d'organisation et d'éducation, complète le travail des organisations privées et s'occupe de la santé de la population en général. Pour accomplir cette tâche, de nombreuses consultations sont ouvertes au public. Des consultations prénatales sont établies pour la protection de la mère et de l'enfant. Les mères y sont bien accueillies par les médecins et les infirmières qui accordent une attention toute particulière

à leur état. La consultation du médecin est complétée par l'examen du sang et par l'analyse des urines, etc. Le médecin de famille est avisé du résultat de cet examen. L'on y fait de l'enseignement sous forme d'entrevues individuelles, et de classes.

Les consultations de nourrissons, dans leur lutte contre la mortalité infantile, ont déjà donné de bons résultats. L'on y reçoit 1o) les nourrissons de 0 à 1 ans, pour la pesée et la mensuration régulières, pour la surveillance de la croissance normale, pour le contrôle du régime alimentaire et pour l'enseignement des soins d'hygiène pratique; 2o) l'enfant d'âge préscolaire, c'est-à-dire de 1 à 5 ans, dont on surveille le développement normal physique et mental. Un examen médical en vue de préparer l'enfant à son entrée à l'école, permet de découvrir certains défauts physiques et d'y porter remède.

Dans ces consultations, la médecine préventive est pratiquée sous forme d'immunisation antidiphthérique dès l'âge de neuf mois, et de vaccination antivariolique, cette vaccination est obligatoire pour l'admission à l'école. L'on y fait aussi le test Vollmer pour la recherche des contacts tuberculeux. Les patch-tests positifs sont visités par l'infirmière qui fait l'enquête et réfère les enfants ainsi que les cas de contact soit au médecin de famille, soit à l'Institut Bruchési, soit à la clinique Laurier, clinique antituberculeuse municipale, pour y être radiographiées. Tous les vaccins plus haut mentionnés, ainsi que certains sérums tels que les sérums antidiphthérique, antiscarlatineux, antipoliomyélitique, sont aussi fournis gratuitement aux médecins praticiens qui en font la demande.

Parvenu à l'âge scolaire, l'enfant par son contact avec un plus grand nombre d'enfants rencontrés en classe, est exposé aux maladies contagieuses dites de l'enfance, d'où la nécessité d'une surveillance efficace afin d'éliminer sans retard tout cas suspect. Il est aussi nécessaire de contrôler les absences attribuables à la maladie, au moyen de visites à domicile. Dans tous les cas de maladies contagieuses confirmés par un médecin, l'infirmière se rend à domicile pour enquêter, faire l'éducation des familles au sujet de la déclaration des cas, de l'isolement du malade, de la désinfection en cours de maladie, de l'application des règlements concernant la quarantaine

etc., et, ce qui n'est pas le moindre: faire comprendre l'importance de la surveillance médicale et des soins en nursing.

Les hôpitaux Pasteur et Alexandra, hôpitaux pour contagieux, rendent d'immenses services en hospitalisant les cas dont l'isolement ne peut être fait de façon convenable à la maison, ou que le malade ne peut y recevoir les soins adéquats.

A l'école, l'enfant subit un examen médical périodique pour la recherche et la correction des défauts physiques. Les parents sont convoqués à cet examen. On donne aux parents et au médecin de famille un avis concernant les défauts trouvés. Cet examen médical est complété par tous les examens spéciaux nécessaires: tests Binet-Simon, examens à l'audiomètre, etc. Le test Binet-Simon aide à la classification des élèves pour les classes industrielles et à la sélection des cas à référer à la clinique d'hygiène mentale, etc. La carie dentaire est fréquent chez la gent scolaire. Plusieurs cliniques dentaires ouvertes par la ville ont pour but de faire l'éducation au sujet des soins dentaires: examens et causeries du dentiste dans les classes, prophylaxie, obturation, extractions et même orthodontie à une clinique spéciale.

Tout le travail des Districts Sanitaires du Service de Santé de la Ville repose sur la visite de l'infirmière visiteuse à domicile. Cette visite a pour objet l'enseignement et l'application des principes d'hygiène, afin de développer au sein des familles l'attitude favorable nécessaire au maintien de la santé. C'est un service de dépistage, d'éducation, de coopération avec les différentes organisations qui s'occupent de la santé physique, morale et sociale. Au Service de Santé de Montréal, la Section de l'enseignement de l'Hygiène par ses articles quotidiens dans les journaux, son rapport annuel, son Bulletin d'Hygiène, ses causeries à la radio, ses feuillets, etc., contribue, aussi, largement à la diffusion des principes de la prévention parmi notre population canadienne-française.

MARIE-ROSE GRIGNON,  
*infirmière visiteuse, Institut Bruchési,*

MARIA OLIVIER,  
*infirmière surveillante, Service de Santé, Ville de Montréal.*



# At Work in an Indian School

KATHLEEN STEWART

In the Indian Residential School at Birtle, Manitoba, we usually have about one hundred and fifteen boys and girls from seven to sixteen years of age. They come from many Reserves, the most distant being Mistawasis, five hundred miles away. English is the common tongue but they speak in three Indian languages as well — Cree, Sioux, and Saulteaux. Some tribes seem more advanced than others, but all are peaceful and anxious to do well.

Tuberculosis is prevalent and some who are negative at the autumn check-up develop it and have to leave the School before spring. During the last two years we have had no active cases except two new pupils, one of whom is now well and back at school after spending a year at the Sanatorium. We have had two epidemics of influenza and one of whooping cough, and for awhile we could not go out on account of the prevalence of scarlet fever in town. I do not know of a single case of an Indian having scarlet fever and I wonder if they are immune to it.

Trachoma is our special problem and we treat it with copper citrate ointment and copper sulphate pencils. The copper sulphate pencil is applied directly to the inside of the infected eyelid, then neutralized with saline. Some of the pupils bore this patiently for years from one to five times a week and we used the copper citrate ointment on alternate days. Last autumn, along with the old treatment, we began to use Sulfanilamide for twenty patients over a period of eight weeks and two weeks to rest. Very soon the trachoma disappeared as if by magic. Within three weeks, in some cases, scar tissue was lessened so

that the children could see at least fifty percent better than they had seen for years.

On the Indian Reserves near us there has been a high infant mortality and resistance to modern methods of treatment, especially regarding fresh air and isolation. To combat these conditions, we taught hygiene in class as well as we could but apparently with very little result. Then we changed our methods and started Canadian Girls in Training groups and took up St. John Ambulance junior first aid as a departmental project. Of the class of twenty-eight, only one refused to try the examination. We presented the certificates formally and every one concerned wore a C.G.I.T. uniform. The missionaries from the reserves, the doctor, and the Indian agent were invited. The girls contributed vocal numbers and the matron presented the certificates and introduced the girls as they received them.

The next year we tried home nursing and this created much interest and out of a class of thirty-one, only six failed. They recognized the value of home nursing and liked it, so the next year we tried the senior course. Sixty hours of their spare time was spent on instruction and practice and the rest of the studying was done when they could manage it. We hectographed notes and gave them the pages as they went along. When the certificates were presented the Canadian Mounted Policeman for this district was chairman.

Next we planned a two-year course in mother craft. The first part includes personal hygiene and moral conduct, and gives simple information about social diseases. Attention is also given to home

making and child care and training. The second part will deal with the essentials of midwifery because sometimes a girl goes home to the Reserve for a few weeks to care for her mother and the new baby. Elementary teaching will also be given in children's diseases and the care of old people, the blind, and cripples. We use the free literature provided by the Manitoba Department of Health and each girl gets the pamphlets entitled: "You and your baby", "Now we are growing up", "First years at school", "The in-between years", "Years of discretion", as well as pamphlets on prevention. This year, twenty boys and thirty girls are taking first aid. They have brothers overseas and are hoping to learn to be useful so that if they have an opportunity they will be ready, for they want to serve their country.

Except for an hour in the dispensary every morning, I do very little in the hospital because no one has been ill lately. On the staff of this school, one is a missionary rather than a nurse. When the principal is away we take part in

the church services here and at an Indian church about fifteen miles away. Often we are invited to speak at meetings and it is my special delight to tell about our work, especially during the holidays when I can meet the members of Women's Missionary Societies.

I like to sew and recently made the costumes for a patriotic concert. I even cut the girls' hair and there are duties in the play room and in meal supervision.

The photograph shows my senior and junior home nursing classes and I am the small person in the centre at the back and I am not wearing my cap because we are on our way in to supper after having a whole day of community sports where our children won many prizes. One of my senior class is deaf and only speaks about twice a year but she talks on her fingers (mixes Indian and English) and writes well for she is very clever. We skate, ski, play hockey, tennis, and badminton. Near the school there are poplar bluffs, hills, and a river, so we have many picnics, hunt rabbits and gophers, and fish.





# Letters from Sweden

ELIZABETH LYSTER

*Author's Note:* While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. However, as shown in the following letters, the German invasion of Norway brought about changes in the original plans of the Unit.

Stromsund, Sweden

May 20th, 1940.

Dear M:

Here we are back in Sweden once more, which, all things considered, is a good thing. You would never guess where we are living this time—in a Baptist Chapel! Some of the girls are sleeping on stretchers, some on small wooden beds, and some on two pews turned together, with straw mattresses. I have a bed and a straw mattress and am using my sleeping bag which is very cozy and warm. We have three long wooden tables, end to end, for our dining room table.

Last night, we had a birthday party in my honour! A table cloth (unbleached cotton sheets), six lovely long blue candles and five red tulips. A regular spread—meat (heavens knows what) which the girls sliced and fried, and scrambled eggs, real eggs, not the powdered kind which we have in our stores, green peas, cranberry juice cock-tails, hard Swedish bread, cheese, peanut butter and coffee.

This town, like many another in

Sweden, is full of Norwegian refugees. In a few weeks, Gaddede alone cleared between six hundred and seven hundred; they were only allowed to keep them 24 hours. All Sweden has black-out orders, but since in this part of the country, we have no darkness to speak of now, it is a bit superfluous. It is rather strange seeing the sky coloured with the sunset as late as 11 o'clock, a bright moon in a light sky and birds still twittering. They have a bad time of it, those birds, hardly close an eye.

The situation in France is pretty desperate and we listen anxiously for news as you must too.

Stromsund, Sweden

May 26th, 1940.

Dear M:

Our days here are very uneventful and the big thrill is bath day—Friday for the women. The men are more fortunate, having Thursdays and Saturdays. We are doing all our cooking on gasoline burners and really managing very well, all things considered. We take turns on duty for meals and sweeping; the men empty buckets and do other odd jobs. Laundry is more of a problem than ever before but we still look quite presentable and certainly many of us are much healthier than when we landed in Bergen.

From the top of a low hill, ten minutes walk from here, there is the most lovely view, an almost complete circle of hills and mountains around the lake, which oddly enough reminds me of the St. Lawrence with its small wooded islands. There is wave on wave of curving low mountain lines of every varying shade and tint of blues and greys and blacks. On the lake, which incidentally we crossed about a month ago on

the ice, there is a cable ferry. I had my fingers crossed, that other time, for some of those trucks were mighty heavy.

Lights are going out soon so will write more to-morrow. No more black-outs, which means we don't turn in quite so early.

Stromsund, Sweden  
June 9th, 1940

Dear M:

Your letter of May 17th arrived to-day — my very first! Things are happening so fast and horribly. I am steeling my mind against the worst. I do not like the sound of voices over the radio these days. It is amusing, in a cynical and horrible way, contrasting the news from England, France and Germany.

We have been here at Stromsund about three weeks now and have moved from the Chapel to the headquarters of the Independent Order of Good Templars which are over one of the 2 "bios" (movies). All the girls except three who share a small room, are sleeping on a long glassed-in porch. We are gradually getting used to 24 hours of daylight, though sometimes it proves a bit disturbing to sleep. We have another small room which we use as a washing and dressing room; the boys pull the curtain across the stage in the big room where they sleep, and use that. We have a kitchen and a wood stove and a store room so we're really very grand.

Heaven and earth and several other things are being moved to get us moving again to some place where we shall be useful. There are money difficulties and transportation difficulties and altogether our path seems strewn with them, but we are hopeful that everything will be straightened out soon.

Stromsund, Sweden  
June 24th, 1940

Dear M:

Your first letter had been opened by

the censor but nothing was removed. In answer to some of your questions: the cholera didn't upset me at all and we never did get typhus! The sun glasses have been useful so many times that I have thanked my lucky stars that I had them. The glare on the snow was unbearable and even now on a sunny day, it is wise to wear them. It is impossible to put into words anything but these little personalities, perhaps the worth while things after all, which will go on making peoples' lives richer when other larger and seemingly overwhelming things have almost faded from man's memory. For us, our position remains unchanged. In time, perhaps, things will be straightened out and we will be on our way again.

The last few days have been ones of sober festivity. I say sober for the Swedes appear to take their pleasures seriously. It is Midsummer, in fact to-day is Midsummer Day, but the dancing and fun started Saturday. Many houses have a small sapling on either side of their front door and small branches of the same kind of trees, which I think are young birches, woven through the mat at the doorstep or strewn around it for the occasion. They go in for flag poles here—tall white ones with knobs on top. One of the girls counted 23 large Swedish flags waving in the breeze one day — just standing outside the door of the Chapel (our late abode) and taking a quick look round! It is a nice flag — a lovely blue background with a primrose yellow horizontal cross.

In a clearing, in a grove of birch trees, a small dance platform has been built, with a covered-in nook for the orchestra. Incongruously, we read "Swingers" printed on the cloths draped over their music stands and believe it or not there is a hot dog stand, though the words printed on the side are "Varm Korv". Sometimes they come enclosed



in a very small white bun and sometimes a piece of paper takes the place of the **bun**. I haven't discovered yet whether it is a shortage of buns or some deeper subtler reason. There are darts to throw and air rifles to shoot and the prizes all seemed to be stuffed dogs, **varying in size according to the excellence of your aim**. There is a magician, and there is a very tall flag pole with cross-bar, **all of it swathed in greenery**, for the Maypole dances. Unfortunately, I did not know when the Swedish dances were being danced until they were over.

Stromsund, Sweden

July 2nd, 1940

Dear M:

I hesitate to make any statements about our plans; they are so nebulous and so subject to change, however, here are the latest. The Unit is trying to go to France under the auspices of the Red Cross, minus a few of its members, including me. There are several reasons why I have made this decision and how or when I shall return to New York is apparently in the lap of the gods. In **the meantime, I shall remain in Sweden** and perhaps try to get something to do if the time begins to stretch out too long.

To-day is rainy and cold and so most of us are playing bridge, reading, writing, listening to the gramophone or radio, or both since both are going at **the moment**. Guess what we had a little while ago—the Breakfast Club and Don McNeil—shades of the past! It is very difficult to get America and usually not very satisfactory. I have tried my hand at bread-making with powdered yeast with only very indifferent results; it was all eaten up, but anything is a blessed relief after Swedish hard bread.

Two of the boys have been spending their spare time making model sailing boats, and two very fine specimens they

have produced too, sails and all. I am doing a bit of bicycling. Four of us did 17 miles one day and since we were heading into a stiff wind on the way back, I was tired. You should see the children here on bicycles. They start carrying them around on **handle-bars** or carrier before they can walk properly and they have the neatest little metal seats which they attach just behind the handle-bar. There are few cars, due to fuel shortage, and we jump like frightened rabbits when one does come along.

Stromsund, Sweden

July 25th, 1940

Dear M:

Whether this letter reaches you before we arrive in New York or not is problematic since the latest plans are that the Unit will sail from Petsamo on an American troop transport. However, the last four months have been full of upsets and last-minute changes, that not one of us will believe it till we are actually on board. One thing which may happen is further developments between Russia and Finland.

I wish you could see this country now. Wild flowers growing everywhere — along the roads and in the fields — white, mauves, pinks, yellows, reds, and the fields covered in long rows of short **grass walls, varying in colour** from new-cut deep green through all the shades of yellows and browns. The drying hay is spread out along a series of horizontal bars and the effect is of a solid wall. Over all this, the most magnificent sky and clouds. The sunsets, which linger on as though **knowing how lovely they are**, seem always to be able to surprise and delight one **with their infinite variety**.

Every Saturday and Sunday, during the summer, there is dancing in the open in the park and last week-end was

very special, for us. They organized a relay swimming race, for the boys of the village and the Unit, and our lads won. There was a potato race for the girls and a tug of war for the boys and the Unit showed up very badly. I was in the race and came in second last. In spite of losing, however, the boys were each presented with a wooden souvenir plate of Stromsund and an athletic pin. On Sunday they had old native dances and two of us went over to watch. We are

trying to learn one of them — the hambo — very energetic. There were flags flying and, on this special occasion, there was "Old Glory", then a Swedish flag, and, then, almost too much, the Norwegian. It was a picture I shan't forget. Another thing I shall always remember is miles and miles of wooded country with not a soul in sight and not a sound to be heard save the occasional muted note of a cow bell.

(To be continued)

## Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Reta Myers* has been transferred from the Halifax staff to take charge of the branch in Digby, replacing *Miss Harriet Brydon* who has resigned.

*Miss Winnifred Newcombe* has been transferred from the Winnipeg staff to the Vancouver staff.

*Miss Lucienne Audet* has been transferred from the Lachine Branch to take charge of the Pointe Claire Branch, replacing *Miss Rolande Blais* who has accepted a position with the Timmins Board of Health.

*Miss Agnes Purcell* and *Miss Gertrude Lawrence* have resigned from the staff of the Halifax Branch.

*Miss Rachel Doull* has resigned as nurse-in-charge of the Prince Albert Branch.

*Miss Emily Kegan* and *Miss Lillian Levine*, formerly on the staff of the Montreal Branch, have been re-admitted to the Montreal staff.

*Miss Margaret McIntosh*, formerly on the staff of the Glace Bay Branch, has been appointed to the staff of the Halifax Branch.

*Miss Marjorie Baird*, recently superintendent of the Margaret Scott Nursing Mission, has been appointed assistant to the supervising nurse in the Border Cities Branch.

*Miss Alma Taylor*, a graduate of the Hamilton General Hospital, has been appointed temporarily to the Hamilton staff.

*Miss Irene Lawson* has been appointed nurse-in-charge of the new branch in St. Thomas, and is being replaced as nurse-in-charge of the Barrie Branch by *Miss Margaret McNabb* who is being transferred from the East York staff.

*Miss Lucille Bonin*, a graduate of St. Michael's Hospital and of the public health nursing course at the University of Toronto, and *Miss Jean Williams*, a graduate of the Hamilton General Hospital and of the public health nursing course at the University of Toronto, have been appointed to the Toronto staff.

*Miss Emilienne Dion*, a graduate of the Hospital of the Infant Jesus, Quebec, and of the public health nursing course at the University of Montreal, has been appointed to the staff of the Sudbury Branch.

*Miss Helen Furlong*, a graduate of the Ottawa General Hospital, has been appointed temporarily to the East York Staff.

*Miss Constance Leleu*, who has been acting nurse-in-charge of the Sackville Branch for the past three months, has returned to the Hamilton staff.

*Mrs. Jeanette Hicks* has resigned from the staff of the Montreal Branch to take up residence in Victoria.

*Miss Bessie Seaman*, a graduate of the Montreal General Hospital and of the public health nursing courses at Teachers College and the School for Graduate Nurses, McGill University, has been appointed to the staff of the Montreal Branch.



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## STUDENT NURSES PAGE

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### A Hospital Afloat

ELSIE SCHROEDER and ROSAMUND WILSON

*Student Nurses*

*School of Nursing, Montreal General Hospital*

Not long ago we had the good fortune to be in a Canadian port at the same time as a hospital ship, and were able to visit her. We found it so interesting professionally, that we thought the readers of this *Journal* might like to know something of what we saw. The ship had been a cargo boat, plying between English and American ports, but after the outbreak of war she was chartered by the British government and converted into a wonderfully complete hospital. Her owners are still responsible for engaging a crew and providing food for everyone on board, whilst the military hospital authorities look after everybody's health.

The whole ship is painted white, and the large red crosses on the sides, one aft of the hatchways and two on either side of the funnel, stand out clearly especially when the floodlights are turned on them at night. The ship is then a lovely sight, for she is also outlined by green lights all along the rail of the main deck. In accordance with the Geneva Convention of 1929, the enemy government is notified of the movements of all hospital ships, and is given the route by which they will travel, but this did not prevent three hospital carriers being sunk during the evacuation from Dunkirk.

The medical staff on board is made up of eight doctors, a dental officer, a padre and a chaplain, and they are assisted by seventy-six men of various ranks and positions. Usually fourteen nursing sisters are on board to take charge of the organization and administration of the wards, but, owing to the special care needed by so many of the patients making this voyage, they had been left in England, and their work was being done by men. The ship, with its medical, surgical, mental, and convalescent wards, has accommodation of the most modern kind for four hundred patients. The officers have single beds, but the men's are of the double-decker type. Each one has a locker attached to the footrail, a sliding bed tray, an overhead light, swinging handles to help the patient change his position, and curtains to give him privacy. Everywhere the freshly painted green walls and the white beds produced a most cheerful atmosphere in the largest ward of ninety beds, down to the smallest one of only twenty-five. The desk and blackboard for the use of doctors and nurses are at the front of the ward; the small but fully-equipped utility room is at the side. The surgical wards have treatment cars, very much like those in our hospital. A patient, before an oper-

ation, goes to a preparation room on an upper deck in a cot lift.

The two operating rooms are fully equipped for every emergency and the adjoining autoclaving room is complete in every detail. The sterile goods are kept in airtight drums and packages. We saw, for the first time, the new zinc oxide plaster which is being used extensively to dress wounds. It looks like a small roll of rather limp adhesive plaster, but pink in colour. Apparently it is much cheaper than elastoplast, and quite as satisfactory, and saves using enormous quantities of gauze and absorbent. There was also a very complete x-ray room, with walls lined with lead to insulate the rays. We were sorry not to be able to see the pathological laboratory, the dental surgery, and the small isolation ward for tubercular patients; nor did we see the laundry, linen rooms or kitchens, but we are sure their equipment must be as up-to-date as the rest. Adjoining each convalescent ward

is a lounge with comfortable chairs, a radio, and well-filled book cases. There is also a recreation room with games of all kinds. Concerts or an occasional boxing contest provide extra entertainment for those well enough to go down to the hold.

The nurses on this ship have the usual hospital hours of work and everything possible has been provided to make them comfortable when off duty. Their two sitting-rooms are beautifully furnished, with heavy rugs on the floor, chesterfields and chairs, a radio in one corner and a piano in the other. They use the same recreation room as the medical staff, which gives them plenty of opportunities for dancing, and for good games of badminton.

To the colonel and the quarter-master sergeant we tender our grateful thanks for making it possible for us to see so much of such great educational value. We wish them bon voyage whenever they put to sea.

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## Obituaries

EMILY HELEN CROSSLEY died recently in Montreal after a long illness. Miss Crossley was a graduate of the School of Nursing of the Western Hospital, Montreal, and a member of the Class of 1913. After serving as a Nursing Sister with No. 1 Canadian General Hospital during the first Great War she was appointed to the X-ray department of the hospital at Winchester, Mass.

GERTRUDE HONEY died recently in Toronto. Miss Honey was a graduate of the Mack Training School for Nurses of the General Hospital, St. Catharines, Ontario, and was a member of the Class of 1922. For some years, she was engaged in institutional work in the United States.

MRS. MARY RUTHERFORD IRONSIDE (née Russell) died in Moose Jaw, Saskatchewan, on December 2, 1941. She was a graduate of the School of Nursing of the Hospital for Sick Children, Toronto, and a member of the Class of 1906. Prior to her marriage, she practised as a private duty nurse in Owen Sound, Ontario, and later in Moose Jaw.

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GWYNETH MOORE, a graduate of the Mack Training School for Nurses of the General Hospital, St. Catharines, Ontario, and a member of the Class of 1936, died recently after a short illness.



# Correspondence

## Your Name, Please

The *Journal* has received an amusing and penetrating comment on the importance of certain details of nursing care which we should be very glad to publish if it were not anonymous. If "A Registered Nurse" will let the editor have her name and address, these will be kept in confidence and a pseudonym may be used. But we must have the name, please. This is a rule to which there can be no exceptions.

## A Word for the Small School

Commenting on Beatrice Andrews' article in the November *Journal* I feel urged to help hold up her hands in a good cause. If the large hospitals can't manage without nurses-in-training how are the smaller institutions to do so when their finances are in no better circumstances? Would it not be possible to enlarge on the affiliation idea and could not the nurses from larger and more advanced places serve their profession well by spending a small amount of time in the smaller hospitals? But first it would be wise for them to realize how it hurts and fosters dislike amongst nurses from or in small hospitals to be treated with a con-

descending attitude. Not having as much to work with, nurses from small hospitals often prove much more resourceful than those from larger places, and seem more ready to accept hardships and to go out into the country where they are needed.

Having spent considerable time as a patient, I have had a fair chance to see both sides and I've seen graduates from large hospitals do things I venture to say few pupils from small hospitals would do. So why consider them so much better trained if they had not learned to put into practice what they had been taught? True enough, nurses in larger institutions have many opportunities not enjoyed by those in smaller hospitals. But it seems to me you have more real contact with the patient in a small hospital and you can follow a patient right through from admission, operating room, aftercare and discharge in a way that you can not in a larger place. The argument is plain. Don't close the small training schools. Improve them. There is much of real value in them and they serve their purpose. Nurses with more advanced training could receive a more advanced examination and be given a degree of distinction.

—R. DOROTHY J. HATHERLEY

## O.N.S.A. News Letter

Early last December a second contribution was forwarded to the secretary of the Royal College of Nursing in London, to be used for the relief of civilian nurses who have suffered from enemy air-raids. This sum of £200 brings our total 1941 contributions to £600. Our Christmas News-Letter to all member units contained all the latest news. In its company were copies of the plan submitted by Miss Edna Moore, chairman of the committee on revision of the constitution and by-laws of our Association. Member Units have been requested to give the proposed amendments careful consideration and to instruct their official

delegates regarding their treatment of the plan when it is presented during our next biennial meeting to be held in June, 1942.

We are pleased to report that the record of nursing services in the Great War 1914-1918 which will be included in the history of nursing in Canada is being prepared for the Canadian Nurses Association by our president, Miss Fanny Munroe, and the secretary-treasurer of the O.N.S.A.

The *Edmonton Unit* records an exceptionally busy year. Its president is a member of the executive committee of the War Services Club and the Unit maintains representation on the co-ordination War Coun-

cil and the new "Wings" Club. Ditty bags, for the Merchant Marine, have been filled and a contribution of \$25. made. Parcels have been sent to soldiers and nurses serving overseas, and hospital comforts and games were donated to the Manning Pool Depot. The sum of \$800 was forwarded to the Executive of the National Association for disposal among the civilian nurses in

Britain who have suffered in air-raids, and every member continues to subscribe monthly. Miss Olive Wotherston is again on active service in England. The Unit regrets to record the loss by death of Mrs. R. McKee.

E. FRANCES UPTON,  
*Secretary-treasurer.*

### A.R.N.P.Q. News

The Board of Management of the Association of Registered Nurses of the Province of Quebec is planning to hold a general meeting of the Association in Quebec City during the month of February, detailed announcements of which will be in the hands of the members before this notice appears in the *Journal*. February 20 has been reserved for this meeting, which will cover two sessions—a meeting of the Board of Management during the afternoon in the Chateau Frontenac and a general bi-lingual session to be held in the evening in the classroom of the School of Nursing of l'Hôpital de l'Enfant-Jésus, 395 rue de la Canardière.

The Board trusts that as many members as possible will plan to attend this meeting.

Tentative arrangements have also been made for the twenty-second annual meeting of our Association which will be held in the Windsor Hotel, Montreal, on Friday, May 15. Because of the fact that the Biennial Meeting of the Canadian Nurses Association will be held in Montreal in June of this year, and because of the strenuous times in which we are living, it has been deemed advisable to simplify our plans for our annual meeting this year, hence the decision that it should cover one day only. Further details will appear in the March issue.

### Ontario Public Health Nursing Service

*Miss Queenie Donaldson* (Ottawa Civic Hospital and University of Toronto public health nursing course) has resigned her position with the Fort William Board of Education to accept a post with the Winnipeg Department of Health.

*Mrs. Eric Webb* (Clarabelle Nicholson) has left the Board of Health of St. Mary's. She has been succeeded by *Miss Mary Younge* (Royal Victoria Hospital, Montreal, and University of Western Ontario public

health nursing course).

*Miss Rolande Blais* (Ottawa General Hospital and University of Toronto public health nursing course) has accepted a position with the Timmins Board of Health. Miss Blais succeeds *Miss Jeanne Manthe* who resigned recently.

*Miss Winnifred Ashplant* has been appointed to the nursing staff of the London Board of Education where she will develop a special program in the secondary schools.

### M.L.I.C. Nursing Service

*Miss Willa Ahern* (Ottawa General Hospital, 1935, and public health nursing course, McGill School for Graduate Nurses, 1936) has been transferred from Niagara Falls, Ontario, to the Mount Royal Nursing Staff,

Montreal.

*Miss Clarissa Chivers-Wilson* (Port Arthur General Hospital, 1920) has been transferred from St. Thomas, Ontario, to Niagara Falls, replacing *Miss Willa Ahern*.



# NEWS NOTES

## ALBERTA

### LETHBRIDGE:

At a recent meeting of Lethbridge District No. 8, A.A.R.N., Mr. G. A. Young was the guest speaker, and his subject was income tax and national defence tax for nurses. At the December meeting Sister Beatrice gave an account of the meeting she had attended in Edmonton.

Miss P. Clarke, Miss D. Shaw, and Miss G. Dacre, formerly on the staff of the Galt Hospital, have left to practise their profession in British Columbia.

## BRITISH COLUMBIA

### CHILLIWACK:

The Chilliwack Chapter of the R.N.A.B.C. was formed in April, 1941, when officers and committee were appointed for the ensuing year. Meetings are held every Tuesday of each month at the Chilliwack General Hospital. At the present time there are twenty-one members and associate members and these are getting in touch with all nurses in their territory in the hopes of increasing the enrolment. The Chapter was formed with the object of meeting a need, especially among the older graduates, for education along medical lines, thereby endeavouring to keep abreast with the constant advance in that field. The hope is also expressed that by their coordinated effort they might be a force in promoting the general well-being of nursing in general. Programs of an instructive nature have been featured at each meeting following the usual business. The local doctors have co-operated giving talks on the following topics: anterior poliomyelitis; the founding and development of the St. John Ambulance Association, and a moving picture of a cholecystectomy with an explanatory commentary. Another interesting feature was the showing of colorful garden scenes.

The Chapter is contributing toward the fund for the relief of civilian nurses in England. At each meeting one member donates an article (the first was an angel cake), tickets are sold, and the article is drawn for.

The December meeting was a social event, each one bringing a wrapped and labelled gift for the Community Chest.

The following is a list of the officers: Honorary President, Miss L. Hodgkins; president, Miss C. Tait; vice-president, Mrs. Blanche Parr; secretary, Mrs. E. Roberts; treasurer, Mrs. C. Webb; conveners for standing committees: public health, Miss M. Black; hospital, Miss R. Owen; general duty, Miss E. Scott; membership, Miss J. Barker; program, Miss K. Cowley, Miss M. Ward; visiting, Mrs. G. Challenger; refreshments, Mrs. L. Cusack, Miss M. Quinlan; press, Mrs. W. Stevenson; finance Miss E. Moody.

### NELSON:

The Nelson Chapter of the R.N.A.B.C. holds its regular meeting on the first Tuesday of each month. The library report showed that twenty-five books had been added to the library during the year. Miss V. B. Eidt, honorary president, gave a report of the special meeting of the R.N.A.B.C. held in Vancouver when the proposed revision of the Act was submitted to the members. At the November meeting means of increasing the interest of associate members was discussed. Miss E. Mallory's report of the joint meeting of the Canadian Nurses Association executive and representatives of the University Schools of Nursing in Canada was discussed by Miss Eidt.

The first Nelson nurse to go overseas with the Canadian Red Cross Society is Miss Elizabeth Stewart. Miss Stewart graduated in 1938 from St. Eugene Hospital in Cranbrook. Following her graduation Miss Stewart took up duties under the Red Cross Society at St. Joseph's Hospital at Dawson, Y. T., and remained there until she assumed her duties at Kootenay Lake General Hospital, Nelson. Miss Muriel Ahier and Miss Elsie Mae Smith were recently called for war work in Africa and Miss Eileen Abey to Shaughnessy Military Hospital, Vancouver.

## MANITOBA

### BRANDON:

The Brandon Graduate Nurses Association recently met with a good attendance. The President, Mrs. S. Perdue, was in the chair. Fifty-eight dollars was donated to the British Nurses Relief Fund, along with a generous response to the stocking shower, and clothing for the Red Cross. Ten dollars

was voted for the Citizens Welfare Milk Fund.

Miss M. Gemmell, convener of the downtown section, announced that they are sponsoring a dance in aid of the British nurses. Group one, of the refresher course, gave a practical demonstration of first aid to fractures. Keen interest was shown in a demonstration of a round table discussion on current nursing topics by the Mental Hospital group. Miss C. N. Jackson introduced the topic, while Miss K. Wilkes acted as group chairman, and Miss M. Yacentuk as group secretary. A social hour followed.

The following marriages of Brandon General Hospital graduates have recently taken place: Edith McBurney (1937) to Earl Leeson; Lila Mann (1938) to Sgt. Instructor Lester Groves; Velma Rae (1938) to Charlie Ledingham.

## WINNIPEG:

### *Winnipeg General Hospital:*

Miss R. Tubman (1941), Miss D. Taylor (1941), and Miss I. Cooper (1941) have recently been appointed to the staff of the W.G.H. Miss Gertrude Callen (1941) has commenced her duties as surgical supervisor at the W.G.H. Miss Elizabeth Hodge (1941), Miss Gwendaline Lewis (1941), and Miss Charlotte Breckman (1941) have been appointed to the Manitoba Public Health Service. Miss Elizabeth Spence (1941) has accepted a position at the Lying-In-Hospital, New York. Miss Marjorie Badger (1940) has accepted a position at the Defence Industries Ltd., Transcona, Manitoba. Mrs. Arthur Unruh (Elizabeth Regehr, 1930) has been appointed permanent technician of the Winnipeg Blood Donors Clinic.

The following marriages of Winnipeg General Hospital graduates have recently taken place: Marguerite McKay (1934) to S. G. Horner; Elizabeth Herner (1941) to Cpl. A. Morris; Myrtle Smith (1937) to Mr. Beardsley; Lorna Halpenny (1937), formerly superintendent of Yorkton Queen Victoria Hospital, to Mr. Logan.

## NEW BRUNSWICK

### SAINT JOHN:

The staff of the Tuberculosis Hospital, East Saint John, entertained recently at a coffee party in honour of the assistant superintendent of nurses, Miss Regina Reid, who is leaving to be married. The hospital

superintendent, Dr. Collins, on behalf of the staff, presented her with a firescreen, Cape Cod lighter, and fire-set.

Word has been received that the nursing sisters who volunteered for service in South Africa have arrived safely.

The following marriages of Saint John General Hospital graduates have recently taken place: Regina Reid (1933) to Frederick W. N. Rafferty; Lillian Finley (1927) to George McDonald; Vivian Armour (1931) to George McCauley; Pearl Swetsky (1937) to Joseph Steinberg; Eileen Nelson (1940) to Sgt. William Roche, R.C.A.F.

## ST. STEPHEN:

Miss Doris Gale, a graduate of the School of Nursing of the Chipman Memorial Hospital, had the honour of being selected to give nursing care to Mrs. Sarah Delano Roosevelt, mother of the President of the United States, during the illness which preceded her death. When, recently, Miss Gale herself became ill, she received an extremely kind letter from the President conveying his best wishes for her speedy recovery.

## NOVA SCOTIA

### HALIFAX:

The Christmas meeting of the Halifax Branch of the R.N.A.N.S. took place recently at the Victoria General Hospital. Greetings were extended by the president, Miss Jane Hubley and a delightful address was given by Miss Gerd Gaustad, staff nurse, Norwegian Public Health Service. Miss Gaustad is a graduate of the Municipal Hospital in Oslo, Norway, and took post-graduate work in Chicago and in Wisconsin. She told us about her hospital and something about her country and their Christmas customs. Carols were sung beautifully by the student nurses of the Children's Hospital, dressed in costume and carrying candles, while lights were dimmed for their singing.

## WOLFVILLE:

The December meeting of the Valley Branch, R.N.A.N.S., was held at the Eastern Kings Memorial Hospital. Following the business meeting two articles were read on the new drugs. Refreshments were served by the superintendent, Miss Bankston, and her staff.



**NEW GLASGOW:*****Aberdeen Hospital:***

Miss Jean Saunders (A.H., 1941) has accepted a position on the staff of the Dawson Memorial Hospital, Bridgewater. Miss Anna MacDonald (A.H., 1941) has accepted a position on the staff of the Blanchard Fraser Memorial Hospital, Kentville.

Married: Recently, Miss Daisy Watts (A.H., 1937) to Mr. Lyman Beecher.

**ONTARIO****DISTRICT 4****HAMILTON:**

Of interest to Hamilton nurses is the organization of the industrial nurses group with Mrs. Hilda Roy as president, and Miss Margaret Watt as secretary. At the first meeting the speakers were nurses who have recently attended a refresher course in Toronto.

The following marriages have recently taken place: Ella Ross to LAC J. A. Fulkerson; Margaret Werner to Walter Oltsher; Elinor Varey to Sub-Lieut. Gilbertson.

**ST. CATHARINES:**

The members of the Alumnae Association of the Mack Training School will be interested in hearing of the following marriages: Charlotte Foster (1939) to L. A. C. John Sandham; Freda Falkingham (1934) to Roy Brooks; Marie Hughes (1939) to William R. Nicol; Jean Sutherland (1940) to Albert Dayman; Lela Albertson (1940) to A. Honsberger.

**DISTRICT 5****ORILLIA:**

A meeting of Chapter 2, District 5, R.N.-A.O., was held recently at the Ontario Hospital. Members from Barrie, Collingwood, and Midland were in attendance. Dr. S. J. Horne spoke in a most interesting manner on the modern trend in the field of psychiatry. A social hour was enjoyed with piano selections by Miss Cunningham of Orillia.

***Toronto Department of Health,  
Division of Public Health Nursing:***

The Nursing Division recently held a tea and raffle at the Isolation Hospital. The

**FEBRUARY, 1942**

# *A New Amazing*

## DEODORANT



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sum of \$300 was realized and has been given to the British Nurses Relief Fund. Dr. Elizabeth Chant Robertson's lectures on nutrition are still in demand. Many school teachers have requested copies and it is hoped to add more money to the Fund.

Photographs were taken of the different phases of our work, slides and a covering lecture prepared. These have proven of value in publicizing our work. There have been many requests from home and school groups and other social organizations.

Miss Mary Haslam (University of Toronto, 1936) left this Department to be married. She is now Mrs. Robert Westwood and we are pleased she is residing in Toronto. Miss Edith B. Henderson (School of Nursing, 1941) has been appointed to the staff.

### TORONTO:

#### *Toronto Western Hospital:*

The annual meeting of the Toronto Western Hospital Alumnae Association was held recently when the following officers were elected: Honorary presidents, Miss B. L. Ellis, Mrs. C. J. Currie; president, Mrs. Douglas Chant; vice-president, Miss Mae Palk; corresponding secretary, Miss Isabel Kee; recording secretary, Mrs. Fooks; treasurer, Miss Benita Post; representative to *The Canadian Nurse*, Miss Elizabeth Westren. A very successful year was reported by all committees and a resumé of the year's programs indicated how interesting our meetings were. Suggestions of plans for future meetings point to the fact that every member, if she attends, will find something to interest her. The total receipts for the year were \$1279.27 and total expenditures were \$963.93. A total of \$225 was paid into the Hospital Building Fund.

Mr. Victor R. Perry, of the Postmaster General's Department, showed a coloured film on "The Soldier's Mail" and gave us some enlightening advice on how to address overseas mail. A social hour followed.

#### *Hospital for Sick Children:*

The annual Christmas party of the Hospital for Sick Children's Alumnae Association was held recently. Thirty dollars in donations was received as well as clothing, toys, and canned goods. A further sum was voted from the treasury to cover expenses incurred. A committee of five was appointed to make the necessary purchases and pack and deliver the baskets.

A tribute was paid to the late Miss Florence Potts, a minute of silence being observed in her memory.



A nominating committee was appointed to bring in the slate of officers at the annual meeting. A social hour followed.

### *Wellesley Hospital:*

A well attended meeting of the Wellesley Hospital Alumnae Association took the form of a Christmas party. The nurses residence was decorated with flags and crests and a lighted tree. The president, Miss Grace Bolton, reported that 65 ditty bags, containing personal articles, have been sent to the Matron of Guy's Hospital, London, for distribution among British civilian nurses who have lost their possessions during air raids. Miss Jean Harris reported that a number of articles had been sent to the Red Cross, and Miss Bolton reported that 62 knitted articles had been sent to British and Canadian sailors. Letters of appreciation were read, and a shower for sailors was held. A letter on war work was read from the Hamilton branch of Wellesley graduates. Six Wellesley-crested coffee spoons were presented to Miss Mary Stanton in appreciation of her services in packing overseas boxes. Dr. D. Jordan and Mr. Williamson showed coloured movies of Wellesley graduation exercises, and beauty spots in Ontario and Quebec. Dr. H. W. Johnston distributed gifts, and refreshments were served.

### DISTRICT 6

#### **BELLEVILLE:**

The annual meeting of District 6, R.N.-A.O., was held recently in the Belleville General Hospital. A large representation from all parts of the district attended the afternoon business session. Following this the guests were conducted on an official tour of the hospital by acting administrator, Gordon Barclay, and the director of nursing, Miss Ruth Thompson. The many departments of the institution were shown to the members, with special interest being evidenced in the central supply room. A demonstration of fever therapy was given by Miss M. McIntosh. Supper was served to the members and their guests.

The evening session opened with Dr. George H. Stobie, noted surgeon of Belleville, as the guest speaker. He drew a comparative verbal picture of the wounds of the last Great War and those of the present one, illustrating his address with a series of motion picture films. The last war was productive of a great many gunshot and bullet wounds, while thus far this war has caused a heavy list of casualties through blast and bomb injuries. He brought out in detail the tremendous strides being



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made by medicine and surgery, adding that  
the result of the present war, insofar as  
wounds and injuries are concerned, is a  
direct challenge to the nurses and doctors  
of the democracies. Dr. Stobie was intro-  
duced by Miss B. Beaumont of the Belle-  
ville Chapter, with the district association's  
appreciation being voiced by Miss M. Gist.  
Vocal selections by Miss Marion Dudley,  
a student nurse, evoked the hearty appre-  
ciation of the members and guests. Tea  
was served by the members of Chapter A.

### COBOURG:

The first meeting of the fall season of  
Chapter B, District 6, R.N.A.O., was held  
at the Ontario Hospital. Miss Helen Mit-  
chell was elected chairman, Miss Olive  
Moore, Port Hope, secretary-treasurer, and  
Miss Edna Covert, vice-chairman for the  
coming year. There were 25 nurses present.  
The guest speaker was the Rev. Dr. Kelly  
of St. Michael's Church, Cobourg. His ad-  
dress on "The intellect and the will" was  
most enlightening and given in his usual  
humorous and entertaining manner. A so-  
cial hour followed.

Miss Margaret Turner has returned to the  
Ontario Hospital staff after completing a  
postgraduate course at the Toronto Psy-  
chiatric Hospital.

### PORT HOPE:

The resignation is announced of Miss E.  
M. Elliott, who has served as superintendent  
of Port Hope General Hospital for the  
past 28 years. Many changes were brought  
about through her confidence and enthu-  
siasm for better service to the community.  
Through the efforts of the Hospital Board  
and the public generally an entirely new  
building was built in 1915 and again enlarged  
in 1930. The old building which previously  
housed the patients, nurses help, and laundry  
now became the nurses residence. In 1925  
the first x-ray was installed and now a very  
modern machine and other equipment make  
this department one of the finest. In 1917  
a modern laundry was built.

From 1916 to 1934 the Hospital main-  
tained a training school for nurses and  
during this time 35 nurses graduated and took  
their places in the community under the  
instruction and guidance of Miss Elliott, her-  
self a leader in nurse education. To the  
patients and nurses who dearly loved her  
she gave her best, which was always ex-  
cellent. She always had time to give a listen-  
ing ear and help to those who needed it.  
Before leaving Port Hope she received many  
tokens of good will from the nurses, medical  
staff, hospital board, hospital mission, and  
citizens of the town. A dinner was given



by the Port Hope nurses in her honour, and a number of her older graduates were present as was also the medical staff. On this occasion Miss Elliott was presented with a travelling bag and an address was read by Miss G. Roberts, a member of her first class.

### DISTRICT 10

#### FORT WILLIAM:

For more than 25 years Miss Minnie Forbes has rendered outstanding service in the capacity of night supervisor at the McKellar General Hospital. Her recent retirement was marked by many proofs of the affection and respect in which she is held, not only by her colleagues, but also by the community at large. At a reception, held in her honour by the Alumnae Association, a handsome purse of money was presented to Miss Forbes, together with an illuminated address which read in part as follows:

We the alumnae of the McKellar General Hospital have learned with deep regret your intention to retire from the position as night superintendent of this institution. We realize a tender tie is being severed for those of us who have been trained under your supervision. In you, we found more than an instructress and disciplinarian to whom we owed respect and obedience, necessary as these qualities may be. We are now, only too happy to have this opportunity of confessing that we have found dignity of rank so finely blended with sweetness of spirit and thoughtfulness for others that we have all loved you, and shall continue to love you with an affection that will not diminish with distance or the passing of the years.

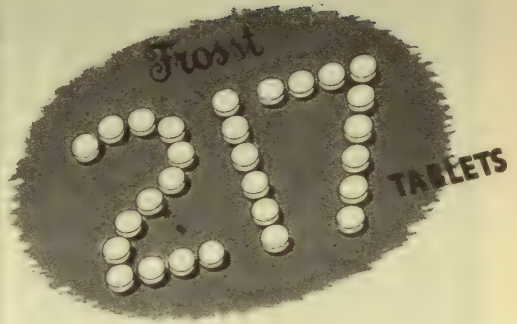
Miss Lorna M. Horwood, superintendent of the Hospital, and Miss Jane Hogarth, president of the Alumnae Association, received the many guests among whom were many prominent citizens of Fort William.

### QUEBEC

#### MONTREAL:

##### *Montreal General Hospital:*

At the annual meeting of the Alumnae Association of the Montreal General Hospital the following officers were elected: Honourary presidents: Miss Webster, Miss Tedford; honourary treasurer, Miss Dunlop; honourary members: Miss Rayside, Miss Craig; president, Miss Catherine Anderson; first vice-president, Miss Bertha Birch; second vice-president, Miss Mary Long; recording secretary, Miss Jean McNair; corresponding secretary, Miss Mabel Shannon; treasurer, Miss Isabel Davies; executive



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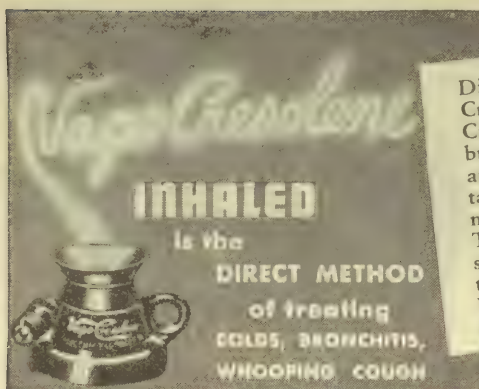
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committee: Miss M. K. Holt, Miss A. Whitney, Miss Hilda Bartsch, Miss E. Robertson, Mrs. F. Johnston; general nursing section: Miss A. Whitney, Miss Margaret McLeod, Miss C. Pope, Miss Jean Ross; visiting committee: Miss Marjory Ross, Miss B. Miller, Miss Helen Christian; program committee: Miss M. Batson, Miss E. Denman, Miss K. Annesley; refreshment committee: Miss Clifford (convener), Miss Michie, Miss A. Scott, Miss B. Broadhurst, Miss M. McQuarrie; representatives to Local Council of Women: Miss A. Costigan, Miss M. Stevens; representative to *The Canadian Nurse*, Miss C. Watling.

The 35th annual report revealed that many graduates were on active service with the nursing services of the various units, and a great number have answered the call from South Africa. The program committee has amply provided instructive and interesting material for all meetings. One hundred dollars has been added to the wool fund, and \$200 has been contributed to the British Nurses Relief Fund. The Spitfire fund has done good work, and \$600 was donated to the Queen's Canadian Fund. Under the leadership of Mrs. Lawrence Fisher graduates have made Red Cross dressings at the Western Division.

Miss Gladys McLean (1934) has accepted a position as industrial nurse with the Simpson Company, Montreal. Miss J. Marion Lawton (1941) is doing industrial nursing with a large plant in Montreal. Miss Rachel McConnell (1914), who has been superintendent of nursing in the Hartford General Hospital, Hartford, Conn. for a number of years, has resigned her position and is taking a well earned rest. Miss Hornibrook (1938) has returned from the west and is now on the staff of the Verdun Protestant Hospital.

The "Spitfire Group" of M.G.H. graduates has forwarded \$4000 to England to help in the work of winning the war. The

students of the School of Nursing raised \$50 for the Russian Medical services at a sale of homemade articles.

The following marriages have recently taken place: Kathleen Brotherston (1939) to Warren Tower; Audrey Ellis (1940) to Carleton A. Stanley; Alice G. Brewer (1932) to Albert G. Gillespie.

### *Royal Victoria Hospital:*

Miss F. Munroe and the nursing staff entertained at tea on New Year's afternoon for the graduates and their friends.

Miss Dorothy Riches (R.V.H., 1932) is now with No. 8 Canadian General Hospital. Miss Kathleen Bliss has been appointed nurse-in-charge of the health service at Royal Victoria College. Miss Ruth Cameron (R.V.H., 1917) is in charge of the blood bank, operated by the Red Cross in Saint John, N.B. Associated with her are Mrs. Hopgood (Cassie Smallman, R.V.H., 1925), Mrs. V. D. Davidson (Annie Armstrong, R.V.H., 1924), and Mrs. G. M. White (Blanche Bissett, R.V.H., 1926). Miss B. Evelyn Taylor (R.V.H., 1940) is on the staff of the Invermere Hospital, Invermere, B. C.

### QUEBEC:

#### *Jeffery Hale's Hospital:*

The following officers have recently been elected to serve during the coming year: President, Mrs. A. W. G. Macalister; first vice-president, Mrs. L. Teakle; second vice-president, Miss G. Weary; secretary, Miss M. G. Fischer; treasurer, Mrs. W. D. Fleming; councillors: Misses A. Wolfe, C. Kennedy, E. Fitzpatrick, D. Ross, Mrs. W. Pfeiffer; committees: refreshment: Misses



Kirtsen, M. Jones, J. Warren, M. Dawson; program: Mmes. Young, Teakle, Misses Lunam, Douglas; visiting: Misses G. Martin, Douglas (convener), Mmes. H. M. Raphael, P. Gray; representatives to private duty section: Misses E. Walsh, Rhoda Perry; representative to *The Canadian Nurse*, Miss Humphries; purchasing: Misses M. Lunam, G. Weary, Mrs. W. D. Fleming; Red Cross work: Mmes Poulson, Hatch, Fulton, McCulloch, Cormack, C. Thorn, Vermette, Miss G. Weary.

At a recent meeting of the Alumnae Association of the Jeffery Hale's Hospital it was reported that during 1941 fifteen of our nurses went on active service. The following nursing sisters went to South Africa: Misses Eager, Andrews, Matthew, Ingraham, M. Greene, and Mrs. Wilkins. Nursing Sisters M. Cambon and M. Doddridge are in England. N. S. Cambon has since been transferred to the plastic surgery division.

Miss Mary Wilson (1941) has accepted a position as industrial nurse with Price Brothers Corporation, Kenogami, P. Q. Miss Shirley Roberts (1941) is on the staff of the Alexandra Hospital, Point St. Charles, P. Q. Miss Stella Reid (1941) is on the nursing staff of the Jewish General Hospital, Montreal.

The following marriages have recently taken place: Helen McLelan (1938) to Charles Smith; Margaret Cochrane (1935) to Walter J. Nelson; Marion Fryer (1941) to Wilfred Rourke.

## SASKATCHEWAN

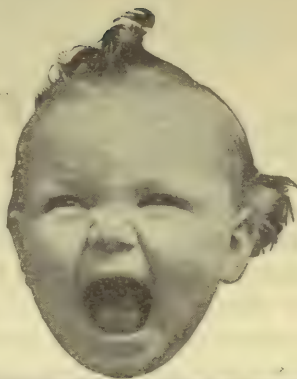
### SASKATOON:

#### *St. Paul's Hospital:*

The activities of the Alumnae Association of St. Paul's Hospital have been directed mainly toward the war effort. The members have knitted socks and have made two afghans. A \$50 Victory Bond was purchased and a \$4 War Savings Certificate is bought each month. A donation was also made to the British Nurses Relief Fund. A tea was held recently in order to collect articles for ditty bags for the sailors, and 14 bags were filled.

Assistance has been given to the Saskatchewan Registered Nurses Association to help the war cause. A donation was made to the local Community Chest fund to aid in the work they do in the city. An important feature of the Alumnae Association's activities was the establishment of a loan fund as an aid to graduate nurses who wish to take postgraduate courses.

FEBRUARY, 1942



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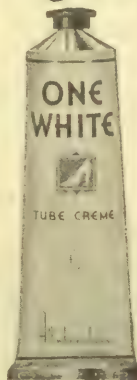
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*A catchy headline always fascinates us . . . and the other day we came upon this one . . . "The rubbish heap and what to put on it" . . . a forthright declaration which happened to chime in with our belligerent mood . . . Where should we begin . . . if regardless of consequences or expense . . . we enjoyed the glorious privilege of throwing things on a rubbish heap? . . . The first item which came to mind was our travelling umbrella . . . an exasperating gadget which refuses to stay either open or closed . . . We shall never forget the time we tried to board a crowded street car in a rain-storm and it obstinately remained open . . . Of course we stuck in the door . . . and had to get off backwards . . . The moment we were back on the street . . . the wretched thing collapsed on top of us . . . like a circus tent in a cyclone . . . and we had to grope our way to the pavement . . . looking like a large toad under a small mushroom . . . That umbrella will never be any use to us . . . but we can't bear to put it on the rubbish heap . . . because it has such a pretty handle . . . the saleswoman assured us it was "solid prystal" . . . Then there are those high-heeled evening slippers . . . that are just a little too narrow for us . . . We bought them as a gesture of defiance . . . when the clerk urged us to choose a sensible pair . . . more in keeping with our age . . . Occasionally we summon up enough fortitude to wear them . . . and then totter homeward . . . to soak our aching feet in hot water . . . Those slippers ought to go on the rubbish heap . . . but we just can't bring ourselves to part with them . . . We may as well confess that we are hoarding other useless things . . . dusty old books . . . faded photographs . . . yellow newspaper clippings . . . we know we ought to make a clean sweep of them . . . and yet somehow we never do . . . There are even moments when we darkly suspect . . . that this tendency to hold on to material possessions carries over into our mental processes . . . Some half-baked theory catches our fancy . . . and we can no more resist it than we did the "prystal" handle of that silly umbrella . . . We cherish some fixed ideas which are just as narrow as those shoes . . . and yet, for the life of us, can't toss them overboard . . . As for the hoary old prejudices we have dragged along with us through the years . . . the rubbish heap is the place for them . . . and we know it . . . One of these days . . . we are going to make a grand symbolic gesture . . . throw away those tight shoes . . . and follow up relentlessly with the travelling umbrella . . . even though it has got . . . such a pretty handle.*

— E. J.



# Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

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*Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

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**Nova Scotia:** (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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**Saskatchewan:** (1) Miss Matilda Diederichs, Regina Grey Nuns Hospital; (2) Miss A. F. Lawrie, Regina General Hospital; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss R. Wozny, 2216 Smith St., Regina.

**Chairmen, National Sections: Hospital and School of Nursing:** Miss B. Anderson, Ottawa Civic Hospital. **Public Health:** Miss M. Kerr, Eburne, B.C. **General Nursing:** Miss M. Baker, 249 Victoria St., London. **Convener, Committee on Nursing Education:** Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

**COUNCILLORS:** **Alberta:** Miss L. Hennig, 305 Bank of Toronto Bldg., Edmonton. **British Columbia:** Mrs. J. F. Hansom, 1178 Esquimalt Ave. West Vancouver. **Manitoba:** Miss C. Bourgeault, St. Boniface Hospital, St. Boniface. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia:** Miss G. Porter, 115 South Park St., Halifax. **Ontario:** Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. **Prince Edward Island:** Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown. **Quebec:** Miss A. M. Robert, 5484-A St. Denis St., Montreal. **Saskatchewan:** Miss R. Wozny, 3216 Smith St., Regina.

#### Public Health Section

**CHAIRMAN:** Miss M. Kerr, Eburne, B.C. **Vice-Chairman:** Miss W. Dawson, Health Centre, Saint John, N.B. **Secretary-Treasurer:** Miss L. Creelman, 2370 Spruce St., Vancouver, B.C.

**COUNCILLORS:** **Alberta:** Miss Audrey Dick, York Hotel, Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss F. King, Ste. 1, Greysolon Apts., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss G. Ross, 15 Queen's Park Cres., Toronto. **Prince Edward Island:** Miss Margaret Darling, Alberton. **Quebec:** Miss A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan:** Miss Gladys McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

President, Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Catherine M. Clibborn, University of Alberta Hospital, Edmonton; Sec. Vice-Pres., Sister M. Beatrice, St. Michael's Hospital, Lethbridge; Secretary-Treasurer & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss Margaret D. McLean, Miss Helen S. Peters, Miss Audrey Dick, Miss Leona Hennig; *Chairmen of Sections*: *General Nursing*, Miss Leona Hennig, 305 Bank of Toronto Bldg., Edmonton; *Hospital & School of Nursing*, Miss Helen S. Peters, University of Alberta Hospital, Edmonton; *Public Health*, Miss Audrey Dick, York Hotel, Calgary; *Rep. to The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tamblin, Provincial Mental Hospital, Ponoka; *Representative to The Canadian Nurse*, Miss Nessa Leckie.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss K. Connor, Central Alta. Sanatorium; Vice-Chairman, Miss C. Feisel, Holy Cross Hospital; Sec., Miss M. Richards, Holy Cross Hospital; Treas., Miss M. Watt, City Health Dept.; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal, Gen. Hospital; *Public Health*, Miss A. Dick, City Health Dept.; *General Nursing*, Miss D. Cannon, Gen. Hospital.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Chairman, Miss C. E. Mary Rowles, Medicine Hat General Hospital; Vice-Chairman, Miss M. Hagerman, Y.W.C.A., Medicine Hat; Secretary-Treasurer, Miss M. M. Webster, 558 Fourth Street, Medicine Hat; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Pawcett.

### Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss Ida Johnson; First Vice-Chairman, Miss C. Clibborn; Sec. Vice-Chairman, Sister Mayer; Sec., Miss H. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss E. Porritt; *Committee Conveners*: *Program*, Miss E. Cushing; *Membership*, Miss M. Dennison; *Representatives to*: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss E. Perkins.

### Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostulik; Secretary, Miss Marjorie Blair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1675 10th Ave. W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fair-

ley; Secretary, Miss P. Capelle, Rm. 715, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 715, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections*: *Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adairac St., Vancouver; *General Nursing*, Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver; *Press*, Miss L. M. Drydale, 5551 West Boulevard, Vancouver.

## MANITOBA

### Manitoba Association of Registered Nurses

President, Miss A. McKee, V.O.N., Medical Arts Bldg., Winnipeg; First Vice-Pres., Miss E. McNally, General Hospital, Brandon; Sec. Vice-Pres., Miss I. McDermid, 263 Langside St., Winnipeg; Hon. Sec., Mrs. H. Copeland, Misericordia Hospital, Winnipeg; *Members of Board*: Major P. Payton, Grace Hospital, Winnipeg; Miss W. Grice, St. Boniface Out-Patient Dept.; Rev. Sister Breux, St. Boniface Hospital; Miss L. Stewart, 168 Chestnut St., Winnipeg; Miss H. Coram, 173 Chestnut St., Winnipeg; Miss P. Hart, Melita; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; *Conveners of Sections*: *Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *General Nursing*, Miss C. Bourgeault, St. Boniface Hospital; *Public Health*, Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; *Committee Conveners*: *Instructors Group*, Mrs. Copeland, Misericordia Hospital, Winnipeg; *Social*, Miss L. Kelly, 733 Wolseley Ave., Winnipeg; *Visiting*, Miss J. Stothart, 320 Sherbrooke St., Winnipeg; *Membership*, Miss A. Danilevitch, St. Boniface Out-Patient Dept.; *Nightingale Memorial Fund*, Miss Z. Beattie, St. Boniface Hospital; *Representatives to*: *Council of Social Agencies*, Miss F. Robertson, 753 Wolseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin, Bureau of Child Hygiene, Aberdeen Ave., Winnipeg; *The Canadian Nurse*, To be appointed; *Local Council of Women*, Mrs. A. L. Wheeler, Ste. 1, 221 Wellington Cres.; *Red Cross War Council*, Miss I. Broadfoot, 2n Anvers Apts., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., Miss L. Bartsch; *Councillors*: Mrs. G. E. van Dorser, Saint John; Miss D. Parsons, Fredericton; Sister Anne de Parede, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Follis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec-Treas-Registrar, Miss Alma Law, Health Centre, Saint John; *Conveners of Sections*: *Hospital & School of Nursing*, Miss M. Myers; *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *Instruction*, Miss Boyd, St. Stephen; *The Canadian Nurse*, Miss H. Cahill.

## NOVA SCOTIA

### Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Windsor Jct.; Sec. Vice-Pres., Miss J. Watkins, 68 Henry St., Halifax; Third Vice-Pres., Miss A. E. Fenton, Dalhousie P. H. Clinic, Halifax; Rec. Sec., Mrs. C. W. Bennett, 98 Edward St., Halifax; Registrar-Treasurer, Corresponding Secretary



ry, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep. to The Canadian Nurse*, Miss Flora Anderson, General Hospital, Glace Bay.

## ONTARIO

### Registered Nurses Association of Ontario

President, Miss Jean L. Church; First Vice-President, Miss M. I. Walker; Second Vice-President, Miss J. Masten; Secretary-Treasurer, Miss Matilda E. Fitzgerald, Room 630, Physicians & Surgeons Bldg., 86 Bloor St. W., Toronto; *Chairmen of Sections: Hospital & School of Nursing*, Miss L. D. Acton, General Hospital, Kingston; *General Nursing*, Miss D. Ogilvie, 84 Gilchrist Ave., Ottawa; *Public Health*, Miss G. Ross, 15 Queen's Park Crescent, Toronto; *Chairmen of Districts*: Miss J. M. Wilson, Miss W. Ashplant, Miss A. Boyd, Miss A. Bell, Miss I. Shaw, Miss A. Baillie, Miss M. Stewart, Miss J. Smith, Miss M. Buss.

#### District 1

Chairman, Miss J. Wilson; First Vice-Chairman, Mrs. C. Salmon; Sec.-Treas., Miss L. Steele, 587 Talbot St., London; *Councillors*: Misses Johns, Baker, Orr, Precious, Anderson, Williamson, Mrs. Wilson; *Conveners: Hospital & School of Nursing*, Miss M. McPhedran; *Public Health*, Miss G. Cooper; *General Nursing*, Miss H. Parnell; *Enrolment*, Miss I. Bull.

#### Districts 2 and 3

Chairman, Miss W. Ashplant; First Vice-Chairman, Miss M. Bliss; Sec. Vice-Chairman, Mrs. K. Cowie; Sec.-Treas., Miss H. Muir, General Hospital, Brantford; *Councillors*: Misses E. Eby, F. McKenzie, G. Westbrook, M. Grieve, C. Atwood, L. Trusdale.

#### District 4

Chairman, Miss A. Boyd; First Vice-Chairman, Miss M. Buchanan; Sec. Vice-Chairman, Miss E. Ewart; Sec.-Treas., Miss G. Coulthart, 82 Balmoral Ave. S., Hamilton; *Councillors*: Sr. M. Grace, Misses Wright, LeMay, Brewster, MacIntosh, Cameron; *Conveners: Hospital & School of Nursing*, Sr. M. Eileen; *Public Health*, Miss A. Oram; *General Nursing*, Miss S. Murray.

#### District 5

Chairman, Miss A. Bell; First Vice-Chairman, Miss K. McNamara; Sec., Mrs. E. Major, 10 Bonnyview Dr., Humber Bay; Treas., Mrs. R. Challenger; *Councillors*: Misses G. Jones, R. Scott, J. Wallace, J. Mitchell, G. Versey, I. Lawson; *Committee Conveners: Public Health*, Miss L. Pettigrew; *General Nursing*, Miss I. Lindsay; *Hospital & School of Nursing*, Miss G. Giles.

#### District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss Covert; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Committee Conveners: Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Miss N. DiCola; *Public Health*, Miss Stewart; *Membership*, Miss N. Brown; *Enrolment*, Miss H. Fitzgerald; *Finance*, Miss F. Fitzgerald.

#### District 7

Chairman, Miss A. Baillie; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, E. Moffatt, P. Gaven, Rev. Sr. Donovan; *Conveners: Hospital &*

*School of Nursing*, Miss L. Acton; *General Nursing*, Miss A. Davis; *Public Health*, Miss D. Storms; *The Canadian Nurse*, Miss O. Wilson.

#### District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Mrs. E. M. Smith, 149 Laurier Ave. W., Ottawa; *Councillors*: Misses V. Belier, W. Cooke, M. Lowry, K. McIlraith, Mrs. G. Fraser; *Conveners: Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *General Nursing*, Mrs. G. Fraser; *Public Health*, Miss F. Moroni; *Cornwall Chapter*, Miss M. McWhinnie; *Pembroke Chapter*, Rev. Sr. M. Evangeline; *The Canadian Nurse*, Miss H. Tanner.

#### District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

#### District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss Alice Hunter; Sec.-Treas., Miss Dorothy Chedister, General Hospital, Port Arthur; *Councillors*: Miss J. Hogarth, Miss V. Lovelace, Miss J. Berry; *Committee Conveners: Hospital & School of Nursing*, Miss L. Horwood; *General Nursing*, Miss I. Morrison; *Public Health*, Miss Q. Donaldson.

## PRINCE EDWARD ISLAND

### Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

## QUEBEC

### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Miles Roy, Trudel, Giroux; *Advisory Board*: Misses Jean S. Wilson, Margaret L. Moag, Catherine M. Ferguson, Marion Lindeburgh, Miles Anysie Deland, Maria Beaumier, Edna Lynch; *Conveners of Sections: General Nursing (English)*, To be appointed; *General Nursing (French)*, Mlle Anne-Marie Robert, 5184-A rue St. Denis, Montreal; *Hospital and School of Nursing (English)*, Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing (French)*, Rév. Soeur Mance Décary, Hôpital Notre-Dame, Montréal; *Public Health (English)*, Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health (French)*, Mlle Annonciade Martineau, 1034 rue St. Denis, Apt. 6, Montreal; *Board of Examiners*: Miss Mary Mathewson (convenor), Misses Katie S. Annesley, Madeleine Flander, Miles Alexina Marchessault, Anysie Deland, Suzanne Giroux; Ex-

cutive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1548 Sherbrooke St. West, Montreal.

### SASKATCHEWAN

#### Saskatchewan Registered Nurses Association (Incorporated 1917)

President, Miss M. Diederichs, Regina Grey Nuns Hospital; First Vice-President, Miss M. Ingham, Moose Jaw General Hospital; Second Vice-President, Miss E. Pearson, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Miss M. Pierce, Wolseley; *Chairmen of Sections*: *General Nursing*, Miss R. Wozny, 2216 Smith St., Regina; *Hospital & School of*

*Nursing*, Miss A. F. Lawrie, Regina General Hospital; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; *Secretary-Treasurer*, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

#### Regina Registered Nurses Association

Hon. Pres., Miss A. Lawrie; Pres., Miss K. Morton; Vice-Pres., Miss R. Simpson; Sec., Miss E. Howard, General Hospital; Treas. & Registrar, Miss L. Dahl; *Conveners*: *Registry*, Miss L. Lynch; *Membership*, Miss K. McLachlan; *Entertainment*, Miss Spelliscy; *General Nursing*, Miss R. Wozny; *Public Health*, Miss F. Dean; *Hospital & School of Nursing*, Miss M. Zens.

## Alumnae Associations

### ALBERTA

#### A.A., Calgary General Hospital, Calgary

Hon. Pres., Miss S. Macdonald; Pres., Mrs. T. L. O'Keefe; First Vice-Pres., Mrs. A. E. Warrington; Sec. Vice-Pres., Mrs. H. Buckmaster; Corr. Sec., Mrs. F. Wotherspoon, 1215-9th St. W.; Rec. Sec., Mrs. A. McIntyre; Treas., Mrs. C. Parks; *Press*, Mrs. D. O. Macko; *Membership*, Mrs. E. Donnison.

#### A.A., Holy Cross Hospital, Calgary

President, Miss Ruth Turnbull; First Vice-President, Miss Gertrude Thorne; Second Vice-President, Miss Margaret Bella; Recording Secretary, Mrs. A. Kloefer; Corresponding Secretary, Mrs. C. Harrison, 412-21st Avenue, N.W.; Treasurer, Mrs. Elaine S. Clarke.

#### A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Sr. M. O'Grady, Sr. F. Neuhausel; Pres., Miss E. Bietsch; First Vice-Pres., Mrs. R. Price; Corr. Sec., Miss J. Slavik, E.G.H.; Rec. Sec., Miss A. Stochinski; Treas., Miss E. Wallsmith; *Private Duty*, Miss M. Hozak; *Visiting Committee*: Misses Nelson, Deschatelets; *Standing Committee*: Misses Kuntz, Beaton, Barden, Ryan, Mrs. Lowing.

#### A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Miss L. Elnarson; First Vice-Pres., Mrs. J. F. Thompson; Sec. Vice-Pres., Miss A. Anderson; Rec. Sec., Mrs. R. Boyd; Corr. Sec., Miss M. Sissons, Royal Alexandra Hospital; Treas., Miss R. Cameron; *Committee Conveners*: *Program*, Miss V. Chapman; *Visiting*, Mrs. Jones; *Social*, Miss A. Lysne; *News Letter*, Miss I. Brewster; *Executive*: Misses M. Griffiths, H. Molofee, Mrs. Sandrocks; *Benefit*, Miss I. Johnson; *Scholarship*, Miss K. Brighty.

#### A.A., University of Alberta Hospital, Edmonton

Honorary President, Miss Helen S. Peters; President, Mrs. D. Payment; Vice-President, Miss S. Greene; Recording Secretary, Mrs. A. Ward; Corresponding Secretary, Mrs. S. Graham, 10448-126th Street; Treasurer, Miss D. Wright; *Executive Committee*: Mrs. W. Slean, Miss K. Chapman, Miss B. Fane, Miss D. Haycock.

#### A.A., Lamont Public Hospital, Lamont

Honorary President, Miss F. E. Welsh, Goderich, Ont.; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrold; Secretary-Treasurer, Mrs. B. I. Love, Elk Island National

Park, Lamont; *News Editor*, Mrs. Peterson, Hardisty; *Convener, Social Committee*, Miss C. Stewart.

#### A.A., Vegreville General Hospital, Vegreville

Hon. President, Sister Anna Keohane; Hon. Vice-President, Sister J. Boisseau; President, Mrs. Stanley Walker, Vegreville; Vice-President, Mrs. Rennie Landry, Vegreville; Secretary-Treasurer, Miss Annie Askin, Box 213, Vegreville; *Visiting Committee* (chosen monthly).

### BRITISH COLUMBIA

#### A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Philippe; Hon. Vice-Pres., Rev. Sr. M. Columbkille; Pres., Miss J. Mitchell; Vice-Pres., Mrs. F. Engby; Sec., Miss B. Falk, 3776-33 Ave. W.; Treas., Miss E. Atterbine; Registrar, Miss Stewart; *Committee Conveners*: *Social*, Miss Walters; *Program*, Miss M. Bell; *Visiting*, Miss McCauley; *Mutual Benefit*, Miss McGee; *Press*, Miss N. Johnson; *Rep. to The Canadian Nurse*, Miss C. Bryant.

#### A.A., Vancouver General Hospital, Vancouver

Hon. Pres., Miss G. Fairley; Pres., Miss F. Innes; First Vice-Pres., Miss L. Creelman; Sec. Vice-Pres., Mrs. A. Grundy; Rec. Sec., Miss N. Cunningham; Corr. Sec., Miss L. Lore, 1589 E. Broadway; Treas., Mrs. F. L. Faulkner; *Committee Conveners*: *Mutual Benefit*, Miss M. Edwards; *Visiting*, Mrs. M. Appleby; *Social*, Mrs. G. E. Gillies; *Membership*, Miss W. Neen; *Refreshment*, Miss S. McDiarmid; *Program*, Mrs. R. Stevens; *Rep. to Press*, Miss M. McDonnell.

#### A.A., Royal Jubilee Hospital, Victoria

President, Mrs. J. H. Russell; First Vice-Pres., Mrs. D. Hunter; Sec. Vice-Pres., Miss M. Dickson; Sec., Mrs. J. A. McCague, 1046 View St.; Assist. Sec., Mrs. Shea; Treas., Mrs. McConnell; *Committee Conveners*: *Social*, Mrs. D. McLoud; *Visiting*, Miss F. Ferguson; *Press*, Mrs. Banyard; *Burial Committee*: Misses Putman, Dickson, Herbert, Mmes Leal, McLoud.

#### A.A., St. Joseph's Hospital, Victoria

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## MANITOBA

## A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sister Superior; Hon. Vice-President, Mrs. F. Crosby; President, Mrs. W. McElheron; First Vice-President, Miss A. Danilevitch; Second Vice-President, Miss W. Grice; Rec. Sec., Mrs. F. Eastwood, Jr.; Corr. Secretary, Miss M. Alexander, Ste. 53, Roslyn Apts., Winnipeg; Treas., Miss M. Wastle; *Committee Conveners*: Social, Miss J. Aublin; *Membership*, Miss R. Toupin; *Visiting*, Miss M. Treasure; *Press*, Mrs. E. Dwyer; *Representatives* to: *M.A.R.N.*, Miss A. Laporte; *The Canadian Nurse*, Miss R. Luchuk; *Directory Committee of M.A.R.N.*, Mrs. B. Schoemperlen; *Local Council of Women*, Mrs. C. Hall.

## A.A., Children's Hospital, Winnipeg

Pres., Mrs. W. Stewart; First Vice-Pres., Miss M. Perley; Rec. Sec., Miss E. Hyndman; Corr. Sec., Miss E. Young, 91 Home St.; Treas., Miss B. Thain, 21 Stratford Hall; *Conveners*: *Program*, Miss M. Smith; *Ways & Means*, Mrs. H. Moore; *Visiting & Red Cross*, Mrs. Campbell; *Membership*, Miss R. Hutton; *News Editor*, Mrs. G. Jack.

## A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss I. McDiarmid; First Vice-Pres., Miss C. Lethbridge; Sec. Vice-Pres., Miss T. Wiggins; Third Vice-Pres., Miss E. Wilson; Rec. Sec., Miss J. Smith; Corr. Sec., Miss T. Fredrickson, 680 Maryland St.; Treas., Miss F. Stratton; *Committee Conveners*: *Program*, Mrs. W. H. Anderson; *Membership*, Miss B. V. Seeman; *Visiting*, Mrs. J. F. Page; *Journal*, Mrs. W. G. Beaton; *School of Nursing*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Central Directory*, Miss A. Howard; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonner; *Council of Women*, Miss M. McGilvray; *Council of Social Agencies*, Miss B. McClung.

## NEW BRUNSWICK

## A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. Mitchell; Pres., Mrs. G. Lewin; First Vice-Pres., Mrs. H. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss S. Turnbull, Saint John General Hospital; Treas., Miss R. Wilson; *Committee Conveners*: *Entertainment*, Mmes O. Fowler, R. Dick, Miss M. Barker; *Refreshments*, Mrs. L. Dunlop, Miss A. Carney; *Flower*, Mrs. F. McKelvey, Miss A. Carney.

## A.A., L. P. Fisher Memorial Hospital, Woodstock

President, Mrs. Hebec Inghram; Vice-President, Mrs. Wendall Slipp, Chapel Street; Secretary, Mrs. Arthur Peabody; Treasurer, Miss Nellie Wallace; *Executive Committee*: Miss Margaret Parker, Miss Evelyn Briggs, Miss Mabel Howe.

## NOVA SCOTIA

## A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. F. MacKinnon; First Vice-Pres., Mrs. W. MacPherson; Sec. Vice-Pres., Mrs. H. Spencer; Rec. Sec., Miss B. MacKenzie; Corr. Sec., Miss P. Anderson, General Hospital; Treas., Miss W. MacLeod; *Committee Conveners*: *Executive*, Miss C. Roney; *Visiting*, Mrs. G. Turner; *Finance*, Miss A. Beaton.

## A.A., Halifax Infirmary, Halifax

Pres., Mrs. Alec Chaisson; Vice-Pres., Miss Isabel O'Reilly; Rec. Sec., Miss Joan Story; Corr. Sec., Mrs. Arthur Gauld, 118 Cedar St.; Treas., Miss Hilda Harnish; *Committee Conveners*: *Visiting*, Miss Annie Murphy; *Entertainment*, Mrs. John O'Neill; *Press*, Miss Dorothy MacDonald; *Nominating*, Mrs. Roy Sullivan; *Librarian*, Miss Dorothy Turner.

## A.A., Victoria General Hospital, Halifax

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valse; *Visiting*, Misses G. Byers, H. Watson; *Private Duty*, Miss Isobel MacIntosh.

## ONTARIO

## A.A., Belleville General Hospital, Belleville

Pres., Miss D. Williams; First Vice-Pres., Miss N. DiCola; Sec. Vice-Pres., Miss M. Peacock; Sec., Miss Edna Sullivan, General Hospital; Treas., Miss M. Leury; Registrar, Miss M. Duncan; *Committee Conveners*: *Flowers*, Miss D. Hogle; *Social*, Miss D. Warren; *Program*, Miss M. Fitzgerald; *Rep. to The Canadian Nurse & Press*, Miss M. Plumton.

## A.A., Brantford General Hospital, Brantford

Hon. Pres., Miss E. McKee; Pres., Mrs. S. Barber; Vice-Pres., Mrs. A. Grierson; Sec., Miss I. Feely, General Hospital; Treas., Miss J. Roussell; *Committee Conveners*: *Social*, Mrs. G. Thompson, Miss M. Robertson; *Flower*, Misses N. Yardley, R. Moffat; *Gift*, Misses K. Charnley, H. Muir; *Reps. to: The Canadian Nurse & Press*, Miss M. Copeland; *Private Duty Section*, Miss E. Scott; *Local Council of Women*, Mmes W. Riddolls, A. Mizon, R. Smith; *Red Cross*, Miss E. Lewis.

## A.A., Brockville General Hospital, Brockville

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VOLUME 38  
NUMBER 3

MARCH  
1942



# THE CANADIAN NURSE

Canadian  
Nurses  
Association  
General  
Meeting  
June 22-26, 1942  
Montreal, Que.

Statue of Maisonneuve  
Place d'Armes,  
Montreal



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Montreal Tourist and Convention  
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See Page 156



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**Q.** When I serve a dish of canned peas or spinach or some other canned vegetable to a patient, how can I know how much ascorbic acid the patient is getting?

**A.** I couldn't assign a definite numerical value. All vegetables have an upper and lower limit of ascorbic acid content. This probably is also true for their other essential nutrients. The ascorbic acid content of a given sample is determined by a number of factors, like variety, state of maturity when picked, soil, weather, and what happens to the vegetable between the time it is harvested and served to the patient. It is very likely that canned vegetables are fully equal in ascorbic acid content to kitchen-prepared vegetables. I suggest you be guided by reliable publications on the ranges of vitamin contents in canned foods. (1)

*American Can Company, Hamilton, Ontario;*  
*American Can Company Ltd., Vancouver, B.C.*

- (1) 1936. Food Research 1, 3
- 1936. Ibid 1, 231
- 1938. Nutrition Abstracts and Reviews 8, 281
- 1939. Canned Food Reference Handbook, American Can Company, Hamilton, Ont.
- 1940. J. Am. Diet. Assoc. 16, 891



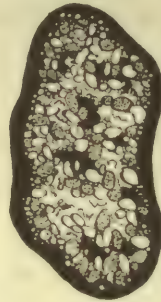
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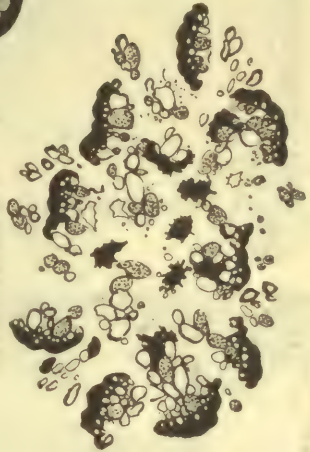


**Food Cell BEFORE Homogenization**

Note that nourishment is enclosed by tough cellulose wall which careful straining does not break down. Undeveloped digestive juices of the infant stomach may not penetrate cellulose wall and needed nourishment is lost. Undigested food passes into large intestine where it may ferment, and cause serious disturbances.

**Food Cell AFTER Homogenization**

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- 3 Peas, carrots, spinach.
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- 5 Prunes, pineapple juice, lemon juice.
- 6 Soup—carrots, celery, tomatoes, chicken livers, barley, onions.
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- 9 An "all Green" vegetable combination—Many doctors have asked for this. Peas, spinach and green beans are blended to give a very desirable vegetable product.
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Gardner — So Build We ..... \$2.25

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Sherman & Pearson — Modern Bread from the Viewpoint

of Nutrition ..... probably \$1.75

Nurses Aids Series ..... each \$1.10

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The Alumnae Association Royal Victoria Hospital, Inc., Montreal, announces that applications for the MABEL F. HERSEY SCHOLARSHIP will be received again this year. This scholarship is open to any graduate of the Royal Victoria Hospital Training School and is for post-graduate work only. The work may be in any University School for Graduate Nurses or in any approved Hospital in Canada. The Scholarship has a value of two hundred and fifty dollars (\$250.00). Application forms may be obtained from the Convener, Committee of Selection, Miss E. C. Flanagan, 3801 University St., Montreal. All application forms should be returned to the Convener not later than April 23, 1942.

## A. R. N. P. Q. SCHOLARSHIPS

The Board of Management, Association of Registered Nurses of the Province of Quebec is pleased to announce that two Scholarships will be awarded this year, covering \$350 each, to English- and French-speaking members in good standing in the Association wishing to follow post-graduate courses.

Application forms may be obtained at the office of the Association, Ste. 1019, Medical Arts Bldg., 1538 Sherbrooke St. W., Montreal, and should be returned completed before June 1, 1942.

## ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Spring examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on April 27, 28, and 29, 1942.

Application forms and all information may be procured from the Registrar. Applications must be in the office of the Association by March 31, 1942.

**NO APPLICATION WILL BE  
CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about June 8, 1942.

E. FRANCES UPTON, R.N.  
Executive Secretary and Registrar,  
Suite 1019, Medical Arts Bldg.  
1538 Sherbrooke St. West, Montreal.

## EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on May 20, 21, and 22, 1942, at Halifax, Yarmouth, Amherst, Sydney, and Antigonish. Requests for application forms should be made at once and forms MUST BE returned to the Registrar by April 20, 1942, together with: (1) Birth Certificate; (2) Provincial Grade XI Certificate; (3) Diploma of School of Nursing; (4) Fee of \$10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of nursing.

JEAN C. DUNNING, R.N., Registrar,  
The Registered Nurses Association of  
Nova Scotia,  
413 Dennis Building, Halifax, N.S.

## REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA (Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia will be held April 14, 15, and 16, 1942.

Names of Candidates for this examination must be in the office of the Registrar not later than March 14, 1942.

Full particulars may be obtained from:

EVELYN MALLORY, R.N., Registrar  
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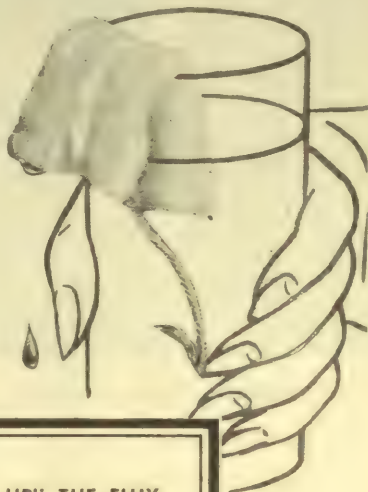
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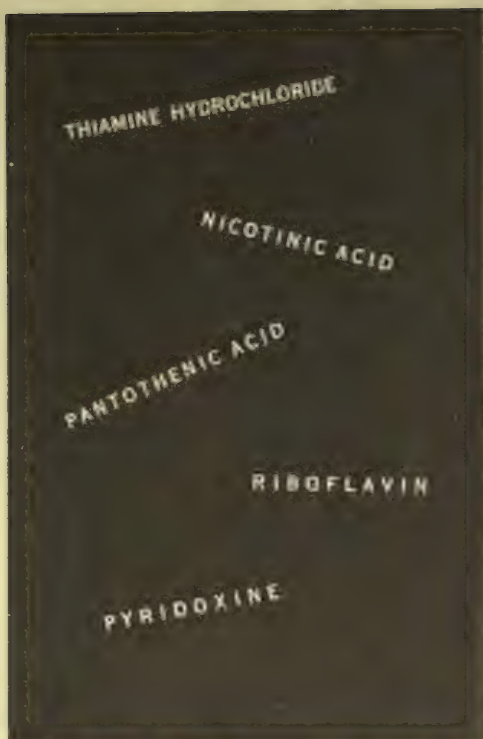
## CONTENTS FOR MARCH, 1942

WE GO FORWARD TOGETHER	- - -	159
NEW WAYS IN WARTIME	K. W. Ellis	160
JEANNE MANCE	- - - - - Sister Denise Lefebvre	164
ACUTE OTITIS MEDIA	- - - - - A. A. Campbell	167
NURSING CARE IN OTITIS MEDIA	M. J. McInnis	169
NOTES FROM THE NATIONAL OFFICE		171
SOME NEWER DRUGS	- - - - - Sister Francoise de Chantal	177
CANADIAN NURSES LAND AT CAPE TOWN	-	179
WATCH YOUR PRICE CEILING	- G. M. Fairley	180
OBITUARIES	- - - - -	181
TORONTO DEPARTMENT OF PUBLIC HEALTH	-	182
MAINTAINING STANDARDS OF PUBLIC HEALTH NURSING	I. R. Chodak	183
INDUSTRIAL NURSING	- - - - - H. Snedden	185
A WEEK WITH THE HOSPITAL HEALTH SERVICE	- R. Watson	187
LETTERS FROM SWEDEN	- - - - - E. Lyster	189
BOOK REVIEWS	- - - - -	191
NEWS NOTES	- - - - -	197
OFF DUTY	- - - - -	206

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## Reader's Guide

Ever since the outbreak of the war, the Canadian Nurses Association has accepted its full share of responsibility for the promotion of our national nursing effort. The task is not an easy one but it is being tackled with courage and common sense. It is now apparent that there is need for a national emergency adviser who can co-ordinate and guide various projects which are either being contemplated or are already underway. **Kathleen W. Ellis** has recently been appointed to this important position and brings to it a high degree of competence as well as a wealth of experience. In this issue of the *Journal* she tells us what the principal objectives are and how they may be attained. There must be "New Ways in Wartime", and we must be willing to accept them.

Careful attention should be given to the many important matters to which reference is made in **Notes from the National Office**. A summary is given of the various reports presented at a recent meeting of the executive committee of the Canadian Nurses Association. These give an excellent picture of the projects which are energetically being carried on in every province of the Dominion.

Skilled nursing care is an important factor in the prevention and cure of otitis media. **Dr. A. A. Campbell** writes from the viewpoint of the physician and **Margaret McInnis** from that of the nurse. Dr. Campbell is chief of staff in the ear, nose and throat department of the Toronto General Hospital and Miss McInnis, a graduate of the School of Nursing of the Hospital for Sick Children is nurse-in-charge. These articles were obtained through the efforts of the staff nurses' committee of the Toronto General Hospital which, under the direction of Miss Mary Macfarland, has already obtained such excellent material for publication in the *Journal*.

A careful and informative study of some of the new drugs is presented by **Rev. Sister Francoise de Chantal**, a member of the teaching staff of the School of Nursing of the University of Ottawa.

Someone has said that, in time of war, nursing always comes into its own. The present conflict is certainly awakening public interest in the health of the people and, as a result, the work of the public health nurse is coming into prominence. **Isabelle Chodat** emphasizes the importance of sound preparation for those who are to enter this rapidly expanding field.

In another instalment of her delightful letters from Sweden, **Elizabeth Lyster** gives us a vivid picture of a pleasant people and a peaceful land.

We are indebted to **Rev. Sister Denise Lefebvre** for a vivid sketch of the remarkable career of Jeanne Mance. Sister Lefebvre is a graduate of the School of Nursing of St. Boniface Hospital, St. Boniface, Manitoba, and is now a member of the faculty of l'Institut Marguerite d'Youville in Montreal.

Plans are going forward for the **General Meeting** of the Canadian Nurses Association which is to be held in Montreal in June. Before you come to this beautiful old city, be sure to review the historical associations which will come to your mind as you walk about its streets. In the Place d'Armes you will find Hébert's fine statue of Maisonneuve. Grouped about its pedestal are the figures of Jeanne Mance and other heroic leaders. Do not throw away the picture which appears on the cover of this *Journal*. Later on it may serve to remind you of a happy memory.



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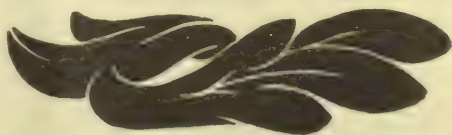


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# The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA  
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT

NUMBER THREE

MARCH, 1942

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## We Go Forward Together

Not long ago, in the City of New York, twenty-five women, all of them nurses, sat in conference round a large oval table. Presiding was Julia Stimson, president of the American Nurses Association and chairman of the Nursing Council on National Defense. The calling of that meeting was in itself a marshalling of the vast resources of American nursing for war service at home and abroad. This Council includes representatives of the American Nurses Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Army and Navy Nursing Services, the American Red Cross Nursing Service, and the Public Health Service of the United States.

In co-operation with other groups, the Council has already a considerable body of achievement to its credit. With the active assistance of the Public Health Service of the United States, a complete inventory has been taken of all nurses

who are potentially available for duty in various fields of nursing. A far-reaching recruitment scheme, designed to attract 50,000 students for schools of nursing throughout the country, is already under way. Steps are being taken to set up co-ordinated State Nursing Councils on National Defense in all the forty-eight States. The Federal Government grant of two and a quarter million dollars is being allocated to various schools of nursing and departments of nursing in universities in order to augment the teaching personnel and broaden educational facilities. In other words, American nurses are displaying the capacity for enlightened planning and efficient organization which is so eminently characteristic of the nation as a whole.

Thanks to the courtesy of the Nursing Council on National Defense, the Canadian Nurses Association was also represented at this historic and inspiring conference. A brief outline of what we have accomplished in Canada was re-

ceived with understanding and sincere appreciation. The statement that, in addition to meeting the demands for nursing service in the Royal Canadian Army Medical Corps, the Royal Canadian Air Force and the Canadian Navy, we have also recruited three hundred Nursing Sisters for our sister Dominion of South Africa was received with applause. Incidentally, it was mentioned that these Nursing Sisters had made an excellent impression during their brief stay in New York on their way overseas. Their smart appearance and military precision were admired by everyone with whom they came in contact and especially by the American nurses who so hospitably entertained them.

The appointment by the Canadian Nurses Association of Miss Kathleen Ellis as national nursing adviser received most favorable comment. It was evidently regarded as a thoroughly practical means of carrying out our plans for the expansion of educational facilities while at the same time affording expert counsel and assistance to hospitals and schools of nursing.

Fortunately, the relationships between Canadian and American nurses have always been most cordial. Now that we are confronted by a common danger we shall continue to go forward together towards the achievement of our common task.

— E. J.

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## New Ways in Wartime

In her New Year's message which appeared in the January issue of the *Journal*, Miss Fairley very graciously introduced the Emergency Nursing Adviser when she announced her temporary appointment with the Canadian Nurses Association. Doubtless the readers of the *Journal*, and co-workers of this new appointee, will be interested in hearing more about the initial plans that have been launched. It seems very essential to share this information as the effort is distinctly a co-operative one.

To understand the purpose of the appointment one must turn back to the pages of the *Journal* and review the recommendations that resulted from the Joint Conference called by the Canadian Nurses Association and held in Montreal in September, 1941. It is significant to remember that the nine Provinces in Canada were represented at this meeting and that the recommen-

dations were passed without a dissenting vote.

Before this article appears in the *Journal*, and indeed already, action has been taken in a number of provinces. Definite recommendations have been made and Canadian nurses are not slow to accept a challenge. Since the meeting in September, a great deal has been done to prepare the way for the Adviser who enters upon her new and very important duties with every confidence that she will receive most active support from nurses throughout Canada — support that is most essential to the success of the undertaking. Each provincial association has now been asked to appoint a representative member to work with the Adviser. A special advisory committee has been appointed by the Canadian Nurses Association. In the opinion of this committee, some of the recommendations should take precedence in the



order in which they are considered. This is suggested with a view to obtaining more immediate action on those that are designed to meet the most urgent needs. This suggestion has been kept in mind in the following review of the recommendations:

*It is recommended that a wide approach be made now to the directors of nursing schools and that the directors of these schools select now, for post-graduate courses next year, certain graduates (or seniors very nearly at the end of their training). When this is indicated, it is recommended that the directors plan a programme of experience for these selected people to occupy the months intervening before the post-graduate course starts and that the directors help the selected students to make the necessary financial arrangements. It is further recommended that, through careful and immediate planning, better and fuller use be made of facilities for existing post-graduate courses. The following points are stressed: (a) the enrolment of more candidates; (b) the better selection of candidates; (c) the development of particular post-graduate courses which may be needed to meet new demands upon the nursing profession.*

With a view to ensuring the early selection of nurses for post-graduate courses in university schools of nursing during the coming year, it is recommended that an individual approach be made at this time to authorities in approved schools of nursing in each province. The soundness of the recommendations will appeal to the harassed superintendent of nurses who has sometimes sought in vain for nurses to fill positions that demand special qualifications, but boards of directors, alumnae associations and others must also be convinced and interested — not only in finding suitable nurses to take post-graduate work, but in securing financial assistance for them,

if this is necessary. Promising nurses themselves must be guided to take a long-range point of view and to prepare themselves to give immediate support and also to share the responsibilities of rehabilitation that will follow later.

While it is felt to be desirable to make the appeal as far-reaching as possible, it is necessary that the nurses selected or post-graduate work in universities meet the qualifications of general education. Their professional qualifications should also be adequate as evidenced by the record of their basic course, and any further experience that they have had as graduate nurses. It is hoped that every recognized school in Canada will secure at least one nurse. It is expected that schools with greater educational and nursing resources will find a larger number from their graduating classes and alumnae. The aim is to secure nurses who have demonstrated their ability for leadership and who have shown that they are possessed of qualifications that recommend them as desirable candidates for post-graduate work. With reference to financial assistance, in addition to the Loan Fund established by the Canadian Nurses Association, financial aid may be sought from the boards of directors in hospitals and schools, alumnae associations, and other nursing or even lay organizations.

Thought may well be given at this time to the recommendation "that particular post-graduate courses be developed". This would include post-graduate courses in medical and surgical nursing, operating technique and other specialties which demand preparation for administrative, supervisory and teaching duties. Such courses would be centred in the hospitals offering the necessary opportunities but might also be linked up with university schools of nursing. The nurse would then register as a *student* and obtain the experience that is es-

sential for her development which should be studied apart from the service requirements of the hospital. With the appreciation of the need for such courses, there is every assurance that an enthusiastic response would support this development.

*It is recommended that conditions most fundamental to the welfare of student nurses and to their professional education be improved, and thus attract better candidates to nursing schools. The special points approved are (a) the eight-hour day and the ninety-six hour fortnight be applied at least during the preliminary term; (b) the permitting of student nurses to live at home at least during the preliminary term.*

In view of the increasing number of calls being made for women to serve in other fields, it may be well that the number of applicants to schools of nursing may decrease. Careful and analytical consideration of conditions most fundamental to the welfare of the student nurses and to their professional education is very essential, if desirable young women are to be attracted to nursing in requisite numbers. Hours of duty and living conditions are outstanding factors that may influence a decision for or against nursing.

Much has already been done in Schools to add to the comfort of student nurses and to safeguard their health, but in some schools much has still to be accomplished. Superintendents of nurses and others in authority have made valiant efforts to secure improvements, as seen in many of the new buildings, additions and alterations that have come into being during recent years. Hours of duty have been reduced, but continue to be too long in most instances. As a definite step it is now recommended that eight hours in any one day be the maximum period for which these students in the preliminary course should be posted, including ward duty, classroom and

study periods. A whole day off duty at least once a week is surely very desirable. Living conditions also present problems in many situations, both in order to meet immediate needs and also when any increase in personnel is considered. Hence the recommendation that students be permitted to live at home at least during the preliminary period, when feasible.

*It is recommended that in service education be extended and enriched. One suggestion is that a visiting instructor be made available to improve the clinical teaching of inexperienced head nurses and instructors.*

The extension of educational opportunities for members of the nursing staff is felt to be one means of stabilizing nursing services and of filling in gaps that inevitably have been created during the present crisis, when many specially prepared nurses have volunteered for military and other service. Surely it is a significant tribute to advanced preparation, that so many specially qualified nurses have received signal recognition when these appointments have been made. The possibility of the nurses in neighbouring provinces joining forces to secure the services of a visiting instructor seems very well worth considering. An alert and experienced teacher could first evaluate the educational resources of the school and indicate how they might be used to the best advantage. Then she could plan to supplement them as seemed best in the circumstances.

It seems that the time has come when every effort should be made to urge nurses whose services are recognized to be of special value in certain situations, to weigh carefully their responsibilities before relinquishing positions and work for which they are specially prepared and are needed. Calls for overseas service must, and will, be answered, but military authorities have stated that few of the positions overseas now suggest the



need for nurses with special preparation. With this assurance, may it not be possible that future calls will be for nurses who have been engaged in bedside nursing rather than in administrative, teaching and supervisory duties?

*It is recommended that married and retired nurses be recalled to active service, and that some method be arranged for bridging the gap for those who have been away from service for some length of time.*

It is understood that courses for married and inactive nurses have been organized in a good many centres throughout the Dominion and that this development has met with an enthusiastic response. A double purpose may be served by such courses by placing on reserve a corps of experienced and mature women who have signified their willingness to help in any emergency and renewing their interest in the needs of the hospitals and schools. Therefore, it would seem that every effort should be made to improve and extend relationships with this group. It is felt that this source of help may well be thoroughly explored, but that short courses and other abortive measures for meeting the present and future needs should be approached with caution. It has been suggested that courses of lectures for married and inactive nurses may well be supplemented by practical experience in wards and in departments of local hospitals.

It is true that some problems of service in hospitals may be relieved by the ward aide, or housekeeper, but in the interests of the public and of the profession the service of these workers should be definitely restricted to duties that are of a non-educational nature. Nursing responsibilities should not be delegated to them. It is believed by many that mature women of the older age-group are the most satisfactory for this type of work.

*It is recommended that general duty nurses be given better professional status as members of the nursing staff of the hospital and that consideration be given to a higher rate of remuneration for their services.*

Almost insidiously the general duty nurse has crept into the hospital service. Today she is an indispensable part of it. It seems most reasonable to urge that her status should be improved. There are many ways in which her invaluable services may be recognized. In the programme of in-service education it is recommended that her special needs and interests be considered. Recognition of her services through higher remuneration and reasonable hours of duty is quite essential. A sliding scale of salary and possibilities of promotion are incentives that may well be offered to this invaluable member of a hospital staff. In considering the status of the general duty nurse the recommendations that appear in the report of the Nursing Committee of the Canadian Hospital Council offer some very pertinent suggestions. They are recommendations adopted by the American Nurses Association and National League of Nursing Education, but are applicable to situations in Canada, especially if the services of our nurses are to be retained in this country.

*It is recommended that the policy of the central preliminary school be approved and that such schools be set up in one or more centres where it seems advisable to undertake the experiment.*

The policies regarding the central preliminary school are still to be worked out. It is an interesting recommendation and not too fantastic to interest some enterprising groups. The establishment of even *one such school in Canada* would provide a field for research and possibilities of further developments along similar lines. This plan is designed not only to ensure more thorough instruc-

tion, but to relieve the demands made upon the teaching personnel and to release the student nurse from prolonged periods in the classroom during her hospital experience, at least in the preliminary course.

*Conclusion:* In carrying on her work the Emergency Nursing Adviser is looking forward to the many personal contacts that are felt to be most important. It is planned that she will visit each province in Canada. Even before this article appears it is hoped that a more detailed

announcement of the Adviser's itinerary will have to be made. A review of these Recommendations makes it apparent that their implications are far-reaching. They not only affect the present crisis, but anticipate the period of reconstruction that must follow. They touch problems that are of intimate concern to every nurse in Canada.

KATHLEEN W. ELLIS,

*Emergency Nursing Adviser,  
Canadian Nurses Association.*

## Jeanne Mance

SISTER DENISE LEFEBVRE

The Bayeux tapestries, purchased with enormous sums and used to adorn the castles of the nobles and the palaces of kings, are world famous. These works



JEANNE MANCE

of marvelous skill reproduce the deeds of Crusaders and the miracles of saints. Have you ever heard with what infinite care these tapestries are woven? The weaver sits at his loom, over his head hangs the design or model that he is to reproduce, a thousand threads of various colours and lengths are within reach of his deft fingers. With his eyes constantly riveted upon the model, he works the threads, interlacing them, intertwining them, weaving the woof of colour into the warp of shade, and through the grooves of the loom sending the shuttle to and fro, knitting piece to piece of the design. He looks only at the rougher side of the fabric while it rolls slowly, inch by inch, around the transversal roller. Until his work is completed, the weaver sees only the rough edges, the untrimmed knots and threads, of the reverse side of his tapestry. But after its completion; when he unrolls the canvas, he can admire, for the first time, the result of his skilled labour.

Now that three hundred years have



elapsed since the foundation of Montreal, let us, like the Bayeux tapestry weaver, unroll and admire one of the most beautiful and inspiring canvases depicting, with its lights and shadows, the life-work of a great heroine in Canadian history, Jeanne Mance. In the seventeenth century, every person in France was talking about that New France away off in the unknown lands beyond the sea. The Religious Orders were burning with zeal for the conversion of the Indians. The Canadian missions were the talk of the Court, and ladies of noble birth asked no greater privilege than to be allowed to spend their fortune to aid in christianizing the dusky races of the New World. These stories reached the ears of Jeanne Mance, the daughter of a magistrate of the Province of Champagne, then thirty-four years of age, who had felt from childhood the desire to consecrate her entire life to the service of God.

Her religious sentiments seemed always to have drawn her, not towards the cloister and its seclusion from the world, but rather towards suffering humanity. Now that her father and mother were dead, her sisters and brothers all grown up and established in life, Jeanne had no longer any domestic and family ties to restrain her. She therefore resolved to go to Canada in order to work toward the civilizing and christianizing of that colony. Long and severe was the struggle she had to sustain against the opponents of her calling, a struggle that might easily have turned one of a less heroic character away from the path that she considered to be traced for her by the finger of God. Nothing daunted her, however, and at last the eventful morning dawned when she was permitted to leave France. It was a glorious day in June, when all nature seems to smile in the fullness of the year. After almost two months of peril-

ous sea-travel and nearly a year of stay at Quebec, she set out for Ville-Marie. It was on a beautiful day in the lovely month of May that Jeanne Mance and her companions arrived at Montreal. From that day, she lost no time in getting down to work. The great need of the colony was some sort of hospital to care for the settlers and Indians. Jeanne Mance, although not a so-called "trained nurse", undertook this work. The first patient for her hospital, which was not yet erected, was a colonist victim of the cruel Iroquois. She took care of him in her own home which she utilized until it could no longer accommodate the increasing number of patients. Then a separate building, made of the rough pines of the forest, was erected and called the Hotel-Dieu. Quite small, but sufficient for its purpose, the little hospital consisted of a kitchen, a room for Jeanne Mance, a room for her servants, and two large rooms for the sick. Nearby, a Chapel was built.

The continued warfare of the savage Indians supplied the Hotel-Dieu with a constant flow of patients, all more or less dangerously ill, and all in continual need of treatment and nursing. Frequently it happened that Indians were severely wounded and left on the field of battle. These were carried to the hospital and cared for by Jeanne Mance. But so ungrateful were they, and such was the wickedness of their nature, that they invariably made trouble and sought to repay by direst deeds of savagery all the kindness showered on them. So true was this, that M. de Maisonneuve often had to station one or more soldiers in the wards in order to protect the patients and the nurses from the attacks of the convalescent Indians. These conditions did not discourage Jeanne; she served the sick, whether friends or enemies, with the same self-sacrificing devotion, her sole object being to direct

toward Heaven the minds of the afflicted while with untiring zeal she cared for their physical ailments, and thereby transformed philanthropy into charity.

So great was her desire to convert the Indians that more than once she and other distinguished persons of Ville-Marie arranged a festival for the Iroquois. By these means she succeeded in obtaining a little peace for the colony, and in converting some of these terrible enemies. These conversions were a great compensation for all the trials and sufferings that she had to endure. So numerous and so constant were these trials and sufferings that some of the best disposed people of the time were urged to

ask: "Why does she not give up a mission that is so evidently hedged in with impossible conditions?" But Jeanne silently and ever actively continued along the way that she knew would lead to final success. In 1659 she went back to France and returned with three Sisters of the Hospitallers of St. Joseph. She herself did not regard the hospital as truly founded until the arrival of these women. The founding of the Hotel-Dieu in Canada is the most outstanding achievement of her life, and it stands to our day a monument of that courageous and noble woman who devoted her life to the care of the sick.

In 1642, Father Barthelemy Vimont, S. J., after celebrating the first Mass at



*Courtesy of Montreal Tourist and Convention Bureau*

*Treasured possessions of Marguerite Bourgeoys, a friend of Jeanne Mance, may still be seen at St. Gabriel's Farm. Built about 1689, it is the property of the Religious Order of which Marguerite Bourgeoys was a member.*



Montreal, had addressed Jeanne Mance and her heroic companions, saying, "You are as a grain of mustard seed that shall rise and grow till its branches overshadow the earth. You are few, but this work is the work of God. His smile is upon you, and your work shall fill the land." When Jeanne Mance died in 1673 in June, she could perceive that the seed she had sowed in suffering and adversity would take deep root in Canadian soil, and that it would come forth from the earth to develop into a noble tree, and indeed today it rears its sublime head amidst a wilderness of institutions, and its name is the Hotel-Dieu of Montreal.

While unrolling the precious imaginary canvas, depicting the life of Jeanne Mance, we have shown that the heroine wove her career with skill and patience, with confidence and perseverance,

her eyes fixed upon the model, Our Lord Himself, whom she saw in the persons of the poor and the sick. Her unwavering faith was the bright shuttle which moved through all the complex and numberless threads of activity with which she wrought the lights and shadows in the fabric of her achievement. She went forth to her reward, but under the shelter of the institutions she founded, hundreds of thousands of the weary, the faint, the sick, the wounded, the stricken, the agonizing and the departed, from generation, to generation, have found repose, care, protection, temporal relief, or cure, and frequently eternal salvation. This heroine is not dead; she lives in her work; she lives in the heart of the Community that carries on her work; she lives in Canadian history; she lives in the history of nursing; she lives above all, with God.

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## Acute Otitis Media

ANGUS A. CAMPBELL, M.B., L.R.C.P., L.R.C.S. (EDIN.)

Acute otitis media may be catarrhal or suppurative and in the early stages it may be difficult to differentiate between them. In the acute catarrhal type there is the usual history of a head cold or one of the acute fevers followed by stuffiness and clicking sounds in the ear. There is impairment of hearing, a hissing or throbbing noise and a varying degree of pain sometimes rather severe. Sometimes blebs form on the drum or inner part of the canal and when these rupture a blood stained serum is discharged which may be mistaken for a middle ear abscess. This condition tends to get well of itself although the patient may get considerable relief from warm 50% B. P. Keith's dressing, local heat

and, as the acute symptoms subside, gentle inflation of the ear. Patients with head colds should be cautioned against violent blowing of the nose or douching the nose under pressure lest infection be forced up the Eustachian tube to the middle ear. Injury to the ear may rupture the drum causing partial deafness and a discharge of blood or even cerebrospinal fluid. Dry sterile dressings only should be used as drops or syringing may carry infection to the middle ear.

If the catarrhal condition progresses and the symptoms increase suppuration takes place. Some of the pus and mucus may drain down the Eustachian tube but the amount is usually too great and the drum begins to bulge. The drum

may rupture or may require to be incised. In most cases of acute suppurative otitis media, there is some involvement of the mastoid antrum and mastoid cells with pain and tenderness over this area but this usually subsides with heat and sedatives. Acute suppurative otitis media is a self-limited disease and tends to get well in about two weeks. The discharge at first is thin and blood stained but as nature walls off the infected area it gets thicker and diminishes in amount. Treatment consists in keeping the ear free of discharge preferably by wiping, always being careful not to wipe off the delicate skin in the canal which becomes soggy from the discharge. Mild antiseptics such as weak alcohol drops are helpful. Chemotherapy should not be used in the ordinary mild case but should be reserved for the severer cases with complications.

In nursing acute suppurative otitis media constant watch must be maintained for complications. If the pain persists, especially at night, bone inflammation must be suspected. If the discharge is profuse and continues longer than three weeks mastoid infection must be considered. If the temperature keeps up, drainage is not sufficient and if fever remains constantly high with constant severe headaches and vomiting meningitis must be thought of. If the fever is of the swinging mountain peak type, accompanied by chills, thrombosis of some of the veins or lateral sinus must be suspected. Profound deafness is not a good sign and if it is accompanied by dizziness, vomiting and spontaneous nystagmus some form of labyrinthitis is present.

Operations on the mastoid are of two main types: the simple, and the radical operations. The terms simple and radical are confusing as sometimes more extensive operating is done in a simple than in a radical. The simple

operation is done in the acute case while the radical is done on the chronic case and the radical part applies to the middle ear. The remains of the drum, malleus and incus are removed in the radical operation and the mastoid antrum, together with the aditus and middle ear, are made into one cavity which is drained through an enlarged external auditory canal and the wound closed up behind the ear. After a radical operation a dry ear is the usual result and the hearing, while never normal, is about the same as before the operation. The patient is much less liable to serious infection after a radical operation than before.

The simple mastoid operation is done on the acute case and except in fulminating cases is not done till two or three weeks have elapsed. In other words it is not done until the infection has been walled off by nature. The usual preparation is made behind the ear, shaving the scalp at least an inch beyond the hair line. A circular incision is made behind the ear, the bone exposed and the mastoid cells opened. All the diseased bone is removed, often exposing the dura above and the lateral sinus behind. If the lateral sinus is found to be diseased the vessel should be opened and the clot removed and the cavity securely packed. The jugular vein may be tied although opinions differ on this procedure. The wound is packed with iodoform gauze and partly closed. The outside dressing may be changed in forty-eight hours but the packing in the wound may be left from five to seven days before changing. The surgeon is always hopeful that the ear will be dry at the first mastoid dressing and if it is he knows all the cells have been drained. Mild infection in the wound is common and stitches cannot often be left in longer than five days. Rarely, erysipelas develops in the wound but is not usually dangerous. Any or all of the complications of



otitis media referred to above must be watched for.

Mastoid operations are done for two main purposes—one to save life and the other to save hearing. The life saving operation is done to drain and prevent

a serious invasion of the skull, and the other is done to prevent an acute mastoid process from developing into a chronic one with the consequent chronic discharge from the ear and gradual but sure destruction of hearing.

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## Nursing Care in Acute Otitis Media

MARGARET J. MCINNIS

In discussing the nursing of otitis media it is well to review some of the predisposing causes. The so-called common cold, so often scorned, is the chief cause. Adenoids, if neglected, may lead to chronic discharging ears. Infections encountered in swimming tanks, scarlet fever and measles are some of the common causes. The nursing care in acute otitis media is very important. The temperature is usually very high. Therefore, the patient must be kept strictly in bed and given plenty of warm, sweetened fluids to drink. The physician may prescribe one of the sulphanamide drugs, in which case a daily urine specimen must be sent for examination. If the eardrum is red and inflamed a fifty percent solution of Keith's dressing may be ordered to be instilled into the canal. This is always warmed to body temperature before use as it lessens the shock and discomfort to the patient.

If the middle ear is discharging it is very necessary to have the canal wiped *entirely* free of discharge at frequent intervals, the frequency depending on the profuseness of the discharge. The order may be written for dry wiping every three or four hours but a good nurse proves herself by keeping the canal free of discharge. Sixty-five percent alcohol, or what is known at the

Toronto General Hospital as Rx 503, is instilled into the canal after dry wiping as an antiseptic and a drying agency. Rx 503 is a compound of alcohol, boric acid, liquor bichloridis and glycerin. If the patient is well enough, he may assist by changing, at intervals, the absorbent placed loosely at the canal opening. A bland ointment, such as vaseline or twenty-five percent unguentum hydrarg. ammonium, may be applied to the canal to prevent the absorbent adhering to the skin, also to prevent excoriation from excessive discharge. The patient may need a fairly heavy sedative at first. Heat applied externally may also help to relieve the pain.

After the ear has started to discharge the pain is greatly relieved and the temperature begins to drop. If this is not the case then the patient must be watched closely for complications. A two-hourly temperature chart is often helpful. Chills are most significant; anything from a severe rigor, in which the patient shakes the bed, down to the merest suggestion that the patient feels slightly chilly may be of utmost importance. If, coupled with a chill, the patient's temperature rises sharply to 103 degrees or over and in twelve hours or less declines to 98 degrees a thrombosis of the lateral sinus is evident. At

this time the surgeon may tie off the internal jugular vein and evacuate the infected clot.

Meningitis, another complication, is suggested by continued high fever, flushed appearance of the face, increasing restlessness and stiff neck. Brain abscess may also show these symptoms plus an increasing aphasia. A marked swelling in the neck below the mastoid process should be reported to the doctor at once. This is what is known as a Bezold's abscess caused by the infection breaking through the tip of the mastoid process into the soft tissues of the neck.

If the patient runs a normal course after the ear has once started to discharge, complete healing should be evident in from ten days to two weeks. If at the end of two weeks the patient still complains of headache and a feeling of fullness in the ear, with or without discharge, a mastoid operation is indicated.

The post-operative nursing care of a mastoid operation is comparatively simple but the nurse must be ever alert for signs of complications. If the case is

straightforward the patient may be up and about in five or six days following operation. The nurse does not do a mastoid dressing in the Toronto General Hospital unless hot boracic compresses are ordered as a treatment. The doctor does the routine dressing in order to replace the iodoform gauze packing in the mastoid antrum for drainage. When applying hot compresses, care must be taken not to disturb this strip of gauze.

Erysipelas may be a complication of mastoid operation. This is evidenced by persistent high fever, pain and increasing redness. The patient should be isolated very strictly from all other surgical cases. Facial paralysis may occur following operation due to injury of the facial nerve. It is not so frequent in the simple operation as in the radical operation. Since the advent of the sulphanamide drugs the incidence of mastoid operations has considerably lessened; or it may be that preventive measures are being more widely taught and adhered to. The quickest way to cure a disease is to prevent its occurrence.

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## A Thousand Took this Course

At the request of the Central Registry for Graduate Nurses, the School of Nursing of the University of Toronto recently offered a course of six lectures dealing with recent developments in selected fields related to nursing practice, namely, medicine, surgery, obstetrics, paediatrics, psychiatry, and nutrition. In each instance the lecturer, a specialist speaking with authority, reviewed what is new in his specific field. The response of the private duty group has been without precedent: an enrolment, all told, of over a thousand. This has been due partly to a wide-spread need felt for this teaching and partly because the lectures on six successive weeks have been given at 1.30 p.m. and repeated at 8.30 p.m., thus permitting

those who could not attend in the evening to do so in the early afternoon. In addition to strong support from the Registry, the private duty section of District 5 of the Registered Nurses Association of Ontario has assisted through appropriate publicity. The course has been an outstanding success from the point of view of both content and attendance, and augurs well for similar service which the School hopes to render in future.

Miss Jessie Wallace, chairman of the Council of the Central Registry for Graduate Nurses, wishes to express the sincere gratitude of the whole private duty group to Miss Florence H. M. Emory, associate director of the School, and to Miss Carruthers, the chief registrar of the Central Registry.



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## National Memorial Service for Nurses

Since Canada's War Memorial was unveiled in Ottawa, Remembrance Day ceremonies are held at the Memorial rather than as formerly at the Parliament Buildings. It had become customary for the Canadian Nurses Association and the Overseas Nursing Sisters' Association of Canada to arrange for a brief service before the Nurses National Memorial in the Hall of Fame immediately following the annual Remembrance Day ceremonies on Parliament Hill.

Due to the change in place for the National Remembrance Day ceremonies, the Canadian Nurses Association conferred with the Overseas Nursing Sisters' Association of Canada as to a commemoration service being observed throughout this Dominion on a date of special significance to nurses.

As a result of discussion by the two National Organizations, the general plan agreed on is that a Vesper Service be held across Canada on the first or second Sunday in May each year, the date to be specified annually. It is suggested that all graduate nurses and the graduating classes in schools of nursing attend this service which should serve as a rededication of nurses to nursing.

This year Sunday, May 10th, has been chosen as the date on which the first Vesper Service will be held. It is now urged that nurses' organizations in cooperation with schools of nursing should become responsible for arrangements in their own localities. It is most fitting that this first service of rededica-

tion be held when Canadian nurses are serving with the Empire's Armed Forces as well as making every effort to meet the needs of the Home Front.

The Canadian Nurses Association and the Overseas Nursing Sisters' Association of Canada will continue to place the customary floral tributes at the Nurses National Memorial on Remembrance Day, while the nurses of Ottawa will participate in the ceremony at the National War Memorial on the same day.

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## Executive Committee Meeting

A meeting of the Executive Committee of the Canadian Nurses Association was held in Vancouver on January 23-24, 1942, at which those present were the president, Miss Grace M. Fairley, Miss Chittick of Alberta; Misses Duffield, Innes, McQuarrie and Kerr of British Columbia; Miss Diederichs of Saskatchewan and the honorary secretary, Miss Kathleen Sanderson. A brief summary of the reports adopted at the meeting follows:

*The Committee on Nursing Education* reported the preparation of additional teaching material for the use of nurses teaching first aid classes; the revision of the Home Nursing Manual of the St. John Ambulance Association; the further compilation of schools of nursing records and the study of existing post-graduate courses in hospitals.

*The Committee on Eight-hour Duty*

for Nurses continues to function, although the members do not think it expedient at this time to stress unduly the question of shorter hours for nurses during the present crisis. Following recommendations which resulted from the joint conference of the Executive Committee of the Canadian Nurses Association and representatives of the University Schools of Nursing held on September 30 — October 1, 1941, members of the committee have been urged to take advantage of opportunities which may arise to further the objectives of the committee.

Following the resignation of Miss Jean Church, the Executive Committee appointed Miss F. Munroe as convener of the *National Voluntary War Services Advisory Committee*.

*Syllabus Committee*: From information received it is apparent that, in a number of the provinces, the supply of young women for whom the Syllabus for Training Voluntary Aide Detachments was prepared may not be available in many parts of the Dominion. Letters will be sent to the provincial associations in order to secure information re the ability of hospitals to give experience to voluntary workers, either whole or part-time; the supply of volunteers in both rural and urban communities; the provincial needs for auxiliary helpers in hospitals and other institutions caring for the sick.

The Committee which was appointed to select suitable nurses for the Orthopaedic Unit for Scotland will continue to function until the unit returns to Canada in order to deal with any matters relating to the welfare of the nurses.

*The Hospital and School of Nursing Section* reported that a study of provincial examinations for the registration of nurses is being carried out by the Committee on Instruction with the object of preparing for a more uniform and sa-

tisfactory system of examination throughout Canada. The convener of this Committee is Miss Marion Gibson, instructor of nurses, Hospital for Sick Children, Toronto. Miss Gertrude Ferguson has been appointed National Convener of Publications for the Section.

*The General Nursing Section* reported that most provinces have experienced difficulty in obtaining general duty nurses while New Brunswick and Nova Scotia reported a definite shortage. In most instances this seems due to inadequate remuneration. A survey of registries is being carried out, a report of which will be presented at the General Meeting in June.

*The Public Health Section* is continuing its study of the minimum qualifications at present required throughout Canada for the employment of public health nurses. The basis of this study was a report of a special committee, which was presented last summer to the Public Health Nursing Section of the Canadian Public Health Association. A summarized report of the number of public health nurses in Canada appeared in the January issue of the *Journal*.

*Mobilization of Health Resources*: At the request of the Canadian Medical Association the Executive of the Canadian Nurses Association has appointed Miss Gertrude Hall of Manitoba as its national representative to a Committee for the Mobilization of the Health Resources of Canada. Each province appointed a representative to a provincial sub-committee: Alberta, Miss Viola Leadlay; British Columbia, Miss Heather Kilpatrick; Manitoba, Miss Frances King; New Brunswick, Miss A. J. MacMaster; Nova Scotia, Miss Lenta Hall; Ontario, Miss Ethel Cryderman; Quebec, (English-speaking) Miss Winnifred MacLean; (French-speaking) Miss Evelyne Gauvin; Saskatchewan, Miss Matilda Diederichs.



*International Council of Nurses:* The President has received an interesting Christmas greeting from the International Council of Nurses with a photograph of Miss Taylor, Miss Schwarzenberg and Miss Banworth. Miss Taylor has written also that Mlle de Joannis, second vice-president of the International Council of Nurses and president of the French Nurses, is well and carrying on her school, which is now affiliated with the American Hospital in Paris.

*Provincial Associations:* Reports were received from several provincial associations, each of which reported: the attendance at various refresher courses shows that nurses are interested in meeting present and future needs; that plans are being carried out in these provinces for the organization of civilian defence and that the teaching of A.R.P., first aid and home nursing classes continues.

*The Registered Nurses Association of British Columbia* is making progress in plans for the revision of the Act of Registration. Work on the organization of districts and chapters continues, there now being a total of twenty-eight. Mrs. E. B. Thomson has been appointed convener of the General Nursing Section following the resignation of Mrs. Hansom. An intensive study has been carried on throughout the province of the recommendations from the joint conference, held September 30-October 1, 1941, of representatives of University Schools of Nursing and the Executive Committee of the Canadian Nurses Association, following which a special committee has outlined specific suggestions for implementing the recommendations. Committees are active in: (1) the organization of a Community Nursing Service Bureau; (2) revision of charges for Private Duty Nurses in different types of service; (3) outlining duties for subsidiary workers in hospital; (4) preparing an outline of lectures on public health

which will be used as a basis for classes of women's voluntary organizations, if and when such classes are requested.

*The Manitoba Association of Registered Nurses* reported that it has arranged for married and inactive nurses to spend four weeks in observation on hospital wards when they have completed a special refresher course. A minimum curriculum for schools of nursing in Manitoba has been released. Superintendents of nurses have approved the standardizing of records for schools of nursing.

*The Executive Committee of the Registered Nurses Association of Nova Scotia* has decided to accept a sworn statement as to educational qualifications and hospital diploma from candidates for registration who have lost their credentials due to capitulation of their native countries. Inquiries will be made of the exiled governments concerning the standing of the schools. Special efforts have been made to increase enrolment of nurses for emergency and disaster, and the Branches are attempting to stabilize the hours of duty and rates of pay for private duty nurses.

*The Board of Directors of the Registered Nurses Association of Ontario* was requested by the provincial medical advisory committee of the Civilian Defence Committee to draw up an outline of a syllabus for voluntary aides in hospitals under the Civilian Defence Committee. These aides may be used in time of emergency in the hospitals where they have had experience. A number of superintendents are of the opinion that the syllabus now in use for Voluntary Aide Detachments is too extensive in outline.

*The Association of Registered Nurses of the Province of Quebec* will hold its twenty-second annual meeting on May 15th, for one day only in view of the General Meeting of the Canadian Nurses Association being held in Montreal June 19-27, 1942. Plans have been

completed for reciprocal registration with the General Nursing Council for England and Wales, ratification of which is expected in the near future. The Hospital and School of Nursing Section (English-speaking) is planning a course in normal nutrition for graduate nurses and senior students, and reports increased activity in preparation of papers for publication in *The Canadian Nurse*. The Public Health Section (French-speaking) announces a course in normal nutrition which began on February 23rd.

*The Council of the Saskatchewan Registered Nurses Association*, after consultation with the Departments of Education and Public Health has recently approved (with certain recommendations) the outline of a course for home and convalescent aides which will be taught by registered nurses at some of the technical schools. Recommendations which were approved at the Joint Conference of the Executive of the Canadian Nurses Association and representatives of University Schools of Nursing were forwarded to superintendents of nurses and made available to others who might be of assistance in putting these recommendations into effect. Classified lists of graduate nurses have been given to nurses in key positions throughout the province so that they will be available in the event of an emergency.

### Membership

The by-laws of the Canadian Nurses Association require that the annual affiliation fees by the provincial associations of registered nurses be sent to National Office by January 31st. Those fees are estimated on the provincial membership for the previous year. According to the returns received during January 1942, the number of members in each provincial association is as: Al-

berta, 1472; British Columbia, 2840; Manitoba, 1539; New Brunswick, 641; Nova Scotia, 1035; Ontario, 5171; Prince Edward Island, 118; Quebec, 4232; Saskatchewan, 1218. The total membership of the Canadian Nurses Association shows an increase of three per cent to that of 1941.

### General Meeting

The General Meeting 1942 will be the twenty-first time for the nurses of Canada to hold a national meeting. Four of the previous twenty meetings have been held under war conditions and the records show that at each of those four conventions the attendance was gratifyingly large. Therefore it is urged that each provincial association of registered nurses will make an effort to send as many representatives as possible to the next national meeting which is to be held in the Windsor Hotel, Montreal, from June 22-26, 1942, with the Executive Committee meeting on June 19, 20 and 27.

The Association of Registered Nurses of the Province of Quebec is arranging for a type of social relaxation suitable to wartime conditions. The Programme Committee has under preparation an agenda by which the activities of the National Organization during the past biennium can be reviewed under a minimum of time, thus allowing for lengthy consideration of the more immediate serious problems and for plans for future activities of the nursing profession throughout the Dominion. It is anticipated that a tentative outline of the programme and arrangements will be published in the April issue of the *Journal*.

The rates offered by the Windsor Hotel to nurses who register for the General Meeting are: single rooms,



\$4.00 — \$4.50; double rooms, \$3.00 each; 3 persons in a room, \$2.50 each; 4 persons in a room, \$2.25 each. All rooms have connecting baths. Early reservation for accommodation is recommended.

### General de Gaulle thanks Canadian Women

The signature of the Canadian Nurses Association was added to a Christmas message sent through the British Broadcasting Corporation by the women of Canada to the women of France. In acknowledgment the following message of appreciation was received from General de Gaulle:

The touching expression of solidarity which the women of Canada have addressed to Frenchwomen at Christmas time has been a great comfort to them in the midst of their suffering. The women of France naturally feel as sisters toward the Canadian women who share the common suffering in their lives and affections—occasioned by the war which the Free Countries are obliged to fight in order to realize for the world the promises of happiness signified in the celebration of the Christmas festival. I thank profoundly the women of Canada and the associations which represent them.

### Gasoline Sale Restrictions

The following information which has been secured from the office of the Oil Controller of Canada, is published for the benefit of nurses who must use automobiles in carrying on their professional duties. To obtain gasoline on or after April 1, 1942, for the operation of a motor vehicle required to be licensed or registered for highway use, it is necessary to apply to the Oil Controller of Canada or his agent for Gasoline Privilege Registration of the vehicle in one of several categories which are clearly defined in the instructions at-

tached to the Application Form. The registration fee is one dollar.

The rationing plan permits nurses to be placed in Category D upon proof of necessity. At the outset, Category D will permit a purchase of 1400 to 1780 gallons of gasoline per annum. However, in the face of the present world situation, nurses are reminded that the federal authorities cannot enter into any commitment as to how long it will be possible to accord special consideration to nurses on this scale. Also, it has been learned that by decision made early in January, 1942, visiting nurses are entitled to special consideration when requiring tire replacements for their cars.

### British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

#### Alberta:

A.A., General Hospital, Calgary	\$500.00
A.A., Holy Cross Hospital, Calgary	34.00
A.A., General Hospital, Edmonton	10.00
University Hospital, Edmonton	12.00
Royal Alexandra Hospital, Edmonton	16.75
Student Government, Royal Alexandra Hospital, Edmonton	10.00
Country hospitals and individual donations	17.25

#### New Brunswick:

Staff and student nurses, Chipman Memorial Hospital, St. Stephen	5.55
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#### Nova Scotia:

Branches of the Registered Nurses Association of Nova Scotia:	
Antigonish-Guysborough, Inverness and Richmond	8.00
Cape Breton and Victoria	4.50
Cumberland County	8.50

Halifax	52.50	District 6:	
Lunenburg County	10.00	Chapter C, Registered Nurses Association of Ontario	9.65
Halifax Group, Royal Victoria Hospital, A.A.	3.00	District 7:	
<i>Ontario:</i>		Nursing Sisters, Petawawa Military Camp	18.00
Districts 2 and 3:		Kingston Chapter	45.00
A.A., St. Joseph's Hospital, Guelph	30.00	Individual contribution	3.00
A.A., St. Mary's Hospital, Kitchener	18.00	District 9:	
A.A., Kitchener & Waterloo Hospital	115.65	Nurses of Sault Ste. Marie	15.00
Kitchener and Waterloo Chapter	12.35	Individual contribution	1.00
Staff—Stratford General Hospital	31.00	Nurses of Kirkland Lake	4.75
Student nurses, St. Mary's Hospital, Kitchener	14.00	District 10:	
General and Marine Hospital, Owen Sound	10.00	Individual contribution	3.00
District 4:		<i>Prince Edward Island:</i>	
Nurses of St. Catharines	37.00	Donated by Registered Nurses of Prince County, P.E.I.	20.00
Nurses of Niagara Falls	12.00	Donated by Registered Nurses of Queens & Kings County	60.00
District 5:		Proceeds from A.R.P. lectures in Charlottetown	25.00
A.A., Hospital for Sick Children, Toronto	83.24	<i>Saskatchewan:</i>	
A.A., St. John's Hospital, Toronto	40.00	A.A., General Hospital, Moose Jaw	15.00
Graduate nursing staff, Psychiatric Hospital, Toronto	17.00	A.A., St. Paul's Hospital, Saskatoon	10.00
Graduate staff, Hospital for Sick Children, City and Country Branch, Toronto	30.00	A.A., Queen Victoria Hospital, Yorkton	10.00
Nursing Sisters, Military Hospital, Camp Borden	19.80	Nurses of Arcola	7.30
Nursing Sisters, Toronto Military Hospital	22.00	Nurses of Swift Current	22.75
A.A., Toronto General Hospital, December	150.00	Regina Registered Nurses Association	252.67
A.A., Toronto General Hospital, January	175.00	Student nurses, Grey Nuns Hospital, Regina	10.00
Victorian Order of Nurses, Toronto	24.42	Students in the University of Saskatchewan School of Nursing, Saskatoon	140.00
		<i>Yukon Territory:</i>	
		Graduate Nurses, Dawson Yukon Territory	30.00

## Royal Canadian Naval Nursing Service

The following nurses have recently been appointed to the Royal Canadian Naval Nursing Service: to be Nursing Sister in Charge: Evelyn I. Stibbard (St. Joseph's Hospital, Victoria); to be Nursing Sisters: Olive Wilson (Royal Jubilee Hospital, Vic-

toria); Mary Bryden (Royal Jubilee Hospital, Victoria); Grace Banting (Saskatoon City Hospital, Saskatoon); Joan Russell (Royal Jubilee Hospital, Victoria). All are on the staff of the Royal Canadian Naval Hospital at Esquimalt.



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# HOSPITALS & SCHOOLS *of* NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## Some Newer Drugs

SISTER FRANCOISE DE CHANTAL

To treat of sulfanilamide and its derivatives after perusing the enormous number of articles written on that subject, and particularly Dr. Long's book on the "Clinical Use of Sulfanilamide and Sulfapyridine", is by no means an easy task. The question one has in mind after such an experiment is this: are there any infectious conditions in which sulfanilamide and its derivatives are of no avail? It seems that the only class of microorganisms escaping their influence is the filterable viruses; in spite of the fact that the sulfa groups have elected a marked predilection for the cocci family, there are quite a number of bacilli which are inhibited in their disease-producing power.

In reviewing the subject of sulfanilamide and its derivatives, we might attempt to consider the following points: classification of the Sulfonamides; mode of action; principles concerning the use of chemotherapy: (a) maintenance of adequate concentration; (b) clinical uses curative and prophylactic; toxic effect and nursing care.

The first members of sulfonamide products discovered since 1933 are: sulfanilamide, also known under the trade names of Prontylin and Streptocide; Prontosil and Neoprontosil; sulfapyridine, also known as Dagenan or M&B

693. More recently Sulfathiazole has emerged. It has the valency of Dagenan with an added power of combatting infections caused by some strains of staphylococcus aureus. Still more recently, the advent of Sulfaguanidine has been received with the utmost interest and gives promise of constituting a distinct forward step in the treatment of gastrointestinal infections particularly bacillary dysentery. The very latest member of the sulfa group is Sulfadiazine which possesses the same bactericidal powers as the other mentioned sulfonamides but which is relatively less toxic.

The problem of how the Sulfonamide compounds actually work resolves itself into three main issues: (a) do the drugs act on microorganisms simply as disinfectants? (b) do they exert a stimulatory effect upon the natural body defenses? (c) is their activity the result of the combination of the two effects? These three theories are still debated and for the time being one must be content with the simple conception that they inhibit the growth of susceptible microorganisms in the body.

The two points of paramount importance in Sulfonamide therapy and on which a great deal of the efficacy of the drug depends are first, the maintenance of an adequate concentration of the

drug in the blood and this will lead us to talk of its dosage and method of administration; second, the elective action of these drugs for certain types of microorganisms indicating the necessity for an early and correct diagnosis.

The drug may be administered either by the oral route or parenterally, that is by injections. It acts better when given by mouth and, if soda bicarbonate or Citralka is given along with it, acidosis may be prevented to quite an extent. If nausea and vomiting are too severe, then the drug may be given parenterally but, the oral administration should be resumed as soon as possible. For parenteral use, sulfanilamide is best given subcutaneously whereas sulfapyridine and sulfathiazole sodium salts should always be given intravenously and slowly.

In the invasive stage of the disease, the slogan is: "hit quickly, hit hard, and keep on hitting". Hit quickly because the bacteria are multiplying at an enormous rate; hit hard because if maximum benefit is to follow therapy enough of the drug must be present; keep on hitting because too rapid withdrawal of the drug may find the defenses of the body still imperfectly mobilized. In chronic stages of infections, chemotherapy requires different technique from that employed in acute cases. There, massive doses are seldom justified. It is important to realize in both acute and chronic stages of infections that, if a decisively beneficial result is not obtained within 48 to 72 hours with an adequate amount of the drug either chemotherapy will fail or else additional measures are necessary. Sulfathiazole should not be used for minor staphylococcal infection such as localized boils and mild furunculosis.

Out of the numerous experiments performed with sulfonamides, some definite knowledge has been gained as to the elective action of these drugs on dif-

ferent microorganisms and the necessity, therefore, of an early and accurate diagnosis. Sulfanilamide, prontosil or streptocide is the definite killer of hemolytic streptococcus, thus it will be of major use in treating such conditions of hemolytic streptococcal origin as cellulitis, erysipelas, osteomyelitis, puerperal fever, septicaemia, pneumonia and its numerous complications, urinary tract infections. It will also be helpful in meningococcal infection, in gas gangrene and even in trachoma. Sulfapyridine, Dagenan or M&B 693, will manifest its predilection for infections of pneumococcal origin such as pneumonia and its frequent sequelae; sinusitis, otitis media mastoiditis, meningitis, peritonitis; also for gonococcal infections and its sequelae; arthritis and endocarditis. Sulfathiazole on the other hand is the drug of choice for staphylococcal infections, carbuncles, cellulitis, osteomyelitis, septicaemia, and seems to be as effective in the treatment of pneumococcal infections as sulfapyridine and it produces much less nausea and vomiting. Sulfaguanidine promises to be very effective in bacillary dysentery and other gastro-intestinal disturbances.

Not only are these drugs used for curative purposes, but they are now routinely employed in some places as prophylactic agents to lessen or prevent the incidence of infection in such conditions as burns, compound fractures, scarlet fever contacts when Dick test is positive, extensive tissue injury, peritonitis after appendectomies and large bowel resections. It is also used in the quiescent stage of rheumatic fever to prevent its recurrence. The local application of sulfonamides has been extensively used in prophylaxis of war wounds and has resulted in a definite decrease in the incidence and severity of wound infection. Streptococcal ulcers, superficial staphylococcal infections,



wounds and burns often clear up promptly with the local application of sulfonamides.

Patients receiving sulfonamides require the most attentive nursing care. The nurse should be on the alert to perceive and interpret adequately the non-favourable symptoms which may occur as side effects of chemotherapy. The most important toxic effects may be classified as mild, moderate or severe reactions. The mild toxic reactions include vomiting, cyanosis and dizziness and, even in moderate severity, are not contra-indications to the continuation of chemotherapy. The reactions of moderate severity include nervous twitching, delirium, acidosis, skin rashes and fever. As soon as these side effects appear, treatment should at least be interrupted if not terminated altogether. Fluid intake should always be augmented in an attempt to remove the drug from the body as soon as possible. The gravest toxic manifestations which may lead to death are renal irritation and anuria, severe acute anemia or leukopenia and hepatitis and jaundice. For this reason, hemoglobin tests and white blood cell counts should be made frequently and a careful watch be kept on urinary output

which should be at least 1000 c.c. daily.

The question of how much fluid should be given to patients receiving sulfonamide therapy is of considerable importance. It is rarely necessary to force fluids beyond 3500 c.c. per day—if an adequate concentration of the drug in the blood is to be maintained. Patients may be permitted to eat what they prefer, and the well known prohibition of sulphur-containing foods such as eggs or onions, has no fundamental basis, according to Dr. Long.

The only contra-indication to the use of these drugs is that the patient has previously had one of them and has suffered from a toxic reaction to it. An existing anemia, leukopenia, hepatitis or nephritis may not be aggravated by the drug and are not contra-indications for there is nothing to predict the toxic reaction of these drugs. The use of these drugs, short of intensive dosage is less dangerous than long continued chemotherapy with small doses. Constant vigilance is necessary to guard against the occurrence of the severe toxic reactions. Estimations of the hemoglobin and the white blood count should be made frequently and a careful watch kept on the urinary output.

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## Canadian Nurses Land at Cape Town

In response to the call to Canada for nursing help, the first 80 Canadian nurses landed in Cape Town on December 26. They were welcomed on arrival by the A.D.M.S. Colonel Impey, and quickly transferred to the Red Cross Auxiliary Hospital at Seahurst, St. James, where every arrangement had been made for their comfort. The entertainment committee of the Western

Province Branch of the South African Trained Nurses Association swung into action and the Mayor and Mayoress, Mr. and Mrs. Walter James, arranged to receive and welcome them at a morning tea in the City Hall. The Mayor, speaking for South Africa as well as for this city, said how greatly this country appreciated the timely help so readily forthcoming from the sister Dominion;

he assured the nurses of a sincere as well as a warm welcome.

Mrs. Horwood read a message of welcome from the General President of the Association, and said that the link which bound Canada and South Africa was one in a longer and greater chain than even the British Commonwealth, for both countries were members of the International Council of Nurses. Each had the proud distinction of providing a vice-president of the I.C.N.—in Canada, Miss Grace Fairley, and in South Africa, Miss B. G. Alexander. Mrs. Horwood asked each nurse when located

to get in touch with the local branch secretary of the S.A.T.N.A., who would invite them to their meetings and would gladly do all in their power to make their stay in South Africa interesting. Miss Macdonald, speaking for the Canadian nurses, said how greatly they had appreciated receiving a personal letter from the Prime Minister, Field-Marshal the Hon. J. C. Smuts. They were grateful for the kindness and hospitality they had received on every side, and looked forward to serving side by side with South African nurses.

—*The South African Nursing Journal*

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### Watch Your Price Ceiling

The Minister of Finance and the chairman of the Wartime Prices and Trade Board have asked the Canadian Nurses Association to help enlist the three million women of Canada in an effort to make the Price Ceiling Law effective. Guarding this law is a patriotic duty that women are particularly well qualified to perform because they are the nation's shoppers. As one of the representatives of the women's organizations called in by the Minister of Finance to work out a plan, I have said that the Canadian Nurses Association can be counted on to do everything in our power.

I hope you heard the radio addresses by Mr. Donald Gordon, chairman of the Wartime Prices and Trade Board, and Dr. Charlotte Whitton. Copies of these addresses and other useful information may be obtained by writing to the Wartime Prices and Trade Board, Ottawa, Ont. From time to time further radio announcements will be made.

Perhaps local members have already

met to talk over this appeal. If not, I hope that many of you will be able to get together and make plans so that every one will proceed at once to make her Price Ceiling List, as outlined in the Board's announcement. Please note that this list should be made up carefully. It is each member's safeguard against higher prices in the future. Every one of the three million women of Canada is being asked to do this by the Government. Let us be in a position to say that every member of the Canadian Nurses Association appreciates the effort that Canada is making to keep prices from rising, and prove it by every member making up her own individual list of prices and reporting to her Provincial Association that she has done so as soon as possible. We want to be able to say that we are among the first women's groups to have this task completed for the Government.

GRACE M. FAIRLEY,  
President,  
Canadian Nurses Association.



## R.N.A.O. Annual Meeting

The Registered Nurses Association of Ontario are holding their annual meeting in Windsor at the Prince Edward Hotel on April 8, 9, 10, 1942. The general meeting opens on Wednesday, April 8, at 2 p.m. On Thursday morning a special programme has been arranged. The delegates will be taken on a conducted tour through some of the Industrial Plants of Windsor, followed by a luncheon when Miss Iva G. Wait, an industrial nurse with the General Motors Corporation of Flint, Mich., will speak. Nurses from all groups are now being drawn into industrial nursing, therefore this arrangement was planned by the three Sections to be of interest to all. The programme for the open meeting on Thursday evening will be a symposium on "Leadership" conducted by Miss Marion Lindeburgh, Director, School for Graduate Nurses, McGill University, Montreal; Miss Maude

Hall, Acting Chief Superintendent, Victorian Order of Nurses for Canada; and Miss Madalene Baker, London, chairman of the General Nursing Section, Canadian Nurses Association.

The annual banquet will be on Wednesday evening. The topic of the address to be given by Dr. Douglas Wilson, University of Western Ontario, is "Love, Laughter and Salad." Miss Ethel Johns, editor and business manager of *The Canadian Nurse*, will have a message for all nurses following the report of the Canadian Nurse Circulation Committee. The standing and special committees will present many important questions to be considered and discussed. It is hoped that many nurses will attend, will take their part in the discussions and assist in making the meeting a success.

MATILDA E. FITZGERALD

*Secretary-treasurer, R. N. A. O.*

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## Obituaries

CATHERINE ARMSTRONG, a graduate of the School of Nursing of the Montreal General Hospital, died recently. She was a member of the Class of 1940 and had served as a member of the night staff in the Central Division.

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ANN BAILLIE died on February 5, 1942, at the Kingston General Hospital. For eighteen years Miss Baillie rendered outstanding service as superintendent of nurses in the Kingston General Hospital, Kingston, Ontario, and will be sincerely mourned by her staff and her pupils. In 1911 she graduated from the School of Nursing associated with the Kingston General Hospital and, from 1915 to 1919, served overseas as

a Nursing Sister with the R.C.A.M.C.—first in France and in Egypt, and later in Canada. She was mentioned in dispatches and was awarded the Royal Red Cross in recognition of her courage and devotion. Miss Baillie was actively interested in the work of nursing organizations and at one time was president of her Alumnae Association. She enjoyed outdoor sports and was a member of various groups associated with the welfare of the community.

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MARY COBBE HEYER died recently in Vancouver after a long illness. Mrs. Heyer was a graduate of the School of Nursing of the Winnipeg General Hospital. During the first Great War she

served overseas as a R.C.A.M.C. Nursing Sister in No. 5 Canadian General Hospital at Salonika and also in the Red Cross Hospital at Cliveden. She took

an active interest in the Overseas Nursing Sisters Association and gave excellent leadership as president of the Vancouver Unit.

## Toronto Department of Public Health

At the annual meeting of the Public Health Nurses Association, Department of Public Health, Toronto, the following officers were elected: honorary president, Miss Elsie Hickey; president, Miss Clara B. Vale; vice-president, Miss Edna M. Clancey; recording secretary, Miss Laura E. Webb; corresponding secretary, Miss M. G. Lovell; treasurer, Miss Elizabeth Price. Conveners of committees: Social and courtesy, Miss E. Janet Davidson; educational, Miss L. J. Dyer; publicity, Mrs. I. J. Dalzell;

ways and means, Miss Lillian E. Galbraith; editorial, Miss Edith Cale; historian and archivist, Miss Frances E. Brown; councillors, Misses Mae Laing and Louise E. Tucker. The guest speaker was Miss Julia Metouskova, a graduate of the University of Prague and a scholarship student of Vassar College. She has had a wide experience in Y.W.-C.A. work in Czechoslovakia, as a representative to the World's Executive Staff of the Y.W.C.A. at Geneva and at present is a member of the National Council of the Y.W.C.A. Miss Metouskova chose as her subject, "Women, their responsibility to-day and in the future". Miss Louise Tucker, the retiring president, reviewed the year's activities which have centred about the war time emergencies.

Miss C. Vale, the newly appointed president, spent some time as assistant superintendent of the Children's Hospital in Montreal. Following this, she was appointed to the nursing staff of the Department of Public Health, Toronto. During the epidemic of anterior poliomyelitis in 1937 she was loaned to the Ontario Society for Crippled Children and did follow-up work in the homes of Northern Ontario. The aims and objectives of this Association are to improve the standards of public health nursing especially as related to the work of the members. Miss Vale's experience and outstanding ability will be invaluable in directing their activities.



*Photo by Barefoot, Robt. Simpson Co. Toronto*

CLARA B. VALE



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## PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

### Maintaining Standards of Public Health Nursing

ISABELLE R. CHODAT

We are wondering, just now, if we can maintain our present standards during a time when the number of well-qualified public health nurses may be greatly reduced. Logically, we must look for the causes of such a shortage, and from there build a constructive program to ensure an adequate supply of workers in this field. Not only must we consider the quantity, but also the quality of such nurses. For in times to come, as at present, many public health problems will arise which will require special preparation of public health nurses in the fields of nutrition, maternal and child health, social hygiene, mental hygiene, communicable disease control, and orthopedics. We do not know to what proportions these problems may grow as a result of war, but we do recognize the vital importance of the health of our civilian population, especially of the mothers and children, to the future of our democracy. Of course the health of our men in military service is of immediate concern. But for what are they fighting if it isn't for the "right to conduct our affairs with a primary regard for the health and welfare of our people"?

Public health nurses have asked just where their duty is in this time of war. They have been advised, by leaders in

their field, to analyze very carefully their individual situations, not purely from a personal point of view, but also in terms of the needs of their agencies and communities. Military service, however, has claimed some of them, and matrimony has beckoned to others. We live in a free country with the right to choose our own course of action. The result is that public health nursing organizations are beginning to feel the strain of a greater turn-over of staff than they have experienced for some time. The above two factors are almost beyond our control. But there is another cause of shortage about which we can take immediate action.

First of all we must go right back to the enrolment of young women in schools of nursing. It is from their ranks that our public health nurses come. Therefore it is necessary, from our point of view as well as from that of hospitals, that great care be given to the selection of student nurses. Especially do we want to enroll those young women of good education who are broad in their thinking and mature in their judgment. They derive great satisfaction from social endeavours. But no matter how great their social sensitivity, they will not enter our training schools unless, at the end of three years'

training, they can be assured of an income which is comparable to that of other professions. The security which comes from steady work and good income is just as important to the professional development of any nurse as is the satisfaction which she derives from her occupation. Job opportunities for women are tremendous, at present, and unless we can offer our nurses the financial returns equivalent to that of teachers, stenographers, industry workers, and so on, we cannot hope to swell our enrolments with the type of women we want.

If training schools are to increase their enrolments, they must be assisted financially in order that nursing education standards may be safeguarded. Is this not a responsibility of the government, as are the financial requirements of other educational fields? I would say very definitely, yes, it is. Nursing is a social necessity, and as such, a necessity to national defence. Nursing leaders must make this very clear, and administrators must request government assistance in increasing facilities.

When this is done, we may expect to increase our university enrolments in public health nursing. But this will not happen unless institutional nurses are informed of the scope of the field, its requirements and opportunities for employment. It is our responsibility, as public health nurses, to disseminate this information wherever possible, as part of a larger plan for recruiting. Such a campaign requires leadership and organization. Leaders in nursing, especially in public health nursing, must recognize and accept this responsibility, and individual public health nurses must play their part when asked to do so.

Such a plan, however, is of little avail, if financial requirements for courses in public health nursing are prohibitive, and facilities of university nursing education departments are limited. With our standards at their level, very few public health nursing agencies have adequate supervisory staff to enable them to train nurses "on the job". For a sufficient supply of personnel, we must rely upon the output of public health nurses with public health nursing certificates if we are to maintain our present standards now and in future. Again I see it as a matter of government financial support. Loans and bursaries must be increased. Teaching staff may need to be increased in certain university nursing education departments.

Finally, public health nursing organizations must carry on a continuous program of preparing staff members for advanced positions of greater responsibilities. For every key position in any organization, there should be at least one staff nurse preparing for the job. Our leaders are well aware of the situation. Already they are making plans to prevent a shortage of well-qualified public health nurses. Let each one of us be prepared to take part in this endeavor to the best of her ability, whether it be in actual recruiting or in the provision of field experience for students. We owe this to our profession, to our agencies, to our country. Let me close with the words of Miss Katharine Tucker: "We must organize our forces on every front so that there are constantly more, not less, public health nurses qualified and employed, if we are to meet the present need and future emergencies in relation to national defence".



# Industrial Nursing

HELENE SNEDDEN

War has made new demands in all fields of our national life. One of the demands upon the nursing profession has come through the increased activity in industry, and the consequent need of qualified nursing service in maintaining optimal health among the workers. This new responsibility was considered by the Public Health Section of the Registered Nurses Association of Ontario, and of this discussion came a request that the School of Nursing of the University of Toronto be asked to offer a refresher course in industrial nursing.

The Ontario Department of Health co-operated with the Public Health Section and the School of Nursing, in planning the program which attracted 115 nurses. Two of the registrants came from the Province of Quebec, and others from widely scattered parts of Ontario. Approximately, sixty per cent were engaged in industrial nursing and in many instances the expenses incurred in attending the course, were met by the industry concerned.

The group attended lectures, visited industries, and discussed common problems in round-table conferences. The general principles of public health nursing, presented by Miss F. H. Emory, associate director of the School of Nursing, provided an excellent background for the lectures on industrial nursing given by Miss Ruth Scott, consultant in industrial nursing, Bureau of Public Health Nursing, Indiana State Board of Health, whose lectures dealt with the principles and practice of industrial nursing.

The importance of co-ordinating all public health nursing efforts within the community was emphasized repeatedly. The possibilities for the development of

service in small plants through the purchase of nursing service from a visiting nursing agency and the plan of extending the official public health nursing program to include industrial service, were discussed. Plans for staff education were suggested. It was shown that each health worker should become thoroughly familiar with the health and welfare resources of the community, as well as the scope of activity of other workers, in order to make the fullest contribution.

Dr. Grant Cunningham, director of the division of industrial hygiene, Ontario Department of Health, interpreted the modern industrial hygiene program. Of primary importance was the statement that a greater loss of time is caused by illness than by accident and, furthermore, that illness due to industrial hazard constitutes a minor problem in comparison to that of general sickness. Dr. Cunningham stressed possibilities of nursing service in reducing lost time and increasing production. He reminded the nurses that when medical service is not available on a full-time basis, it is imperative that standing orders, signed by the physician, be provided for their guidance. Mention was made of the services available to industry, through the Division of Industrial Hygiene.

Dr. J. H. Couch, of the Department of Surgery of the University of Toronto, and Dr. Ronald Hare, research associate in the Connaught Laboratories, lectured on first aid and emergencies. Dr. Couch described the most successful emergency treatment for the prevention of infection as the immediate covering of the wound with a dressing with as little handling as possible; the use of soap and water in cleansing; and

less frequent changing of dressings. Dr. Hare emphasized the danger of the wound becoming infected by the person giving first aid. This frequently occurs through droplet infections.

The importance to industry of sound mental health, and the ways in which the nurse might recognize and assist in the early solution of mental health problems, were topics presented in lectures by Dr. K. S. Bernhardt, assistant professor of psychology, University of Toronto. A healthy personality and characteristics such as getting on well with fellow workers, engaging in community activities, and having an optimistic outlook, were interpreted and deviations from the normal were described. In recognizing early symptoms, and assisting in the adjustment of the individual, many serious problems might be averted. Dr. F. D. Cruikshank, of the National Steel Car Company, and Dr. O. A. Cannon, of the Steel Company of Canada, also presented papers.

Industrial management was presented from the point of view of the chief executive and also the personnel manager. Dr. W. H. Cantelon, of the Auto Specialty Manufacturing Company, expressed as his considered opinion, that the industrial hygiene department functions best when its head is responsible directly to the chief executive, and not to another department manager. The nurse's place in industry is not restricted to the activities of the first aid room; her duties include an interest in the employee as a member of his family unit, embracing a knowledge of the home conditions and family problems. Through such a service she becomes a good will agent and interpreter of relationship within industry. Mr. J. S. Willis, personnel manager, Canada Packers Limited, raised the question of co-operation among all departments in an industrial plant and voiced the opinion that the

nurse could aid greatly in promoting such co-operation through her many personal contacts with management and employees.

A visit to the General Motors Plant at Oshawa and the Dominion Government Armaments Plant at Pickering, provided an opportunity to observe two widely different war industries in operation.

Opportunity for general discussion was provided through two round-table conferences. The topic of "The community health service and the industrial nurse" was introduced by presentations describing the provincial and local health program, the services and policies of Visiting Nurses' Associations and the ways in which the industrial nursing service may make use of and can contribute to the service of the official and un-official agencies in the community set-up. This period was directed by Miss Edna L. Moore, of the Provincial Department of Health. The subject of the second round-table conducted by Miss Muriel Mackay, Ontario Hydro Electric Commission, was: "Industrial nursing opportunities, problems and technique." The discussion covered the nurse's relationship to management and employee; the development of a health program, including sickness, accidents and home visiting; professional growth, records and recording.

Out of the wide range of subject matter presented during the course and the discussions on methods and policies, came a new realization of the importance of industrial nursing in the field of public health. With this is coupled an appreciation of the need for preparation in the graduate field. It is to be expected that organized nursing having met with so eager a response to the first effort in the interest of its members in the field of industrial nursing, will continue in an endeavor to meet their needs.



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## STUDENT NURSES PAGE

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### A Week with the Hospital Health Service

RUTH WATSON

*Student Nurse*

*School of Nursing, Women's College Hospital*

I had often heard of the out-patient clinics in connection with the various hospitals in Toronto, but my week with the Hospital Health Service has given me a much greater appreciation of this branch of hospital work. I found that the out-patient clinic is a tower of strength to some of these people who cannot afford the services of a private doctor. They have full confidence in it. One pregnant mother told me that it was such a relief to know that when the clinic discharged her she was in good condition and that she need not worry about complications in the future because of neglect.

I was surprised to find that the clinic was to such a large extent a public health function. I thought of it as a service supplied by the hospital from a charitable view-point, to be taken or left by the needy just as they pleased. But I found that the Public Health Department of the city of Toronto uses this hospital service as a means to teach health to all who come. The Department maintains one of its own nurses in the clinic as a link between the hospital and the district, and as a means of getting in touch with those cases which otherwise might not fall under its notice. New patients are referred to this hospital health service

nurse, as she is called, and she explains the doctor's orders, takes time to draw out the patient and win her confidence so that the nurse may glean some knowledge of the home conditions, and make a record of this information for future use.

Once the new patient has come to the clinic, she cannot complain that she does not receive treatment, unless she wilfully refuses it. Appointments are made for her regular return and if she is careless about her condition, she is prodded into looking after herself by the follow-up system of the hospital health service nurse. Though this nurse may not make the actual visits herself, she communicates with the local district nurse and acquaints her with the circumstances and the district nurse then interests herself in this patient and gives what help, information and instruction may be needed, as well as encouraging her to return to clinic until completely cured. The hospital health service nurse acts as liaison officer between the district nurses and the hospital. Through expert knowledge she is able to approach the proper social agencies through which the patient may obtain extra foods or necessities ordered by the doctor and which she cannot afford. Every patient with

whom I came in contact, both in the clinic and in the district, seemed to look upon the clinic and the district nurse as a refuge and a friend in need. I feel that the public health nurses are doing their utmost to ensure that the less fortunate have the best possible health and often without the co-operation of those needing the help. In many cases they are working doggedly against the lethargy and indifference of the people themselves.

My week with the Health Service Department of the hospital would indeed have been incomplete without my afternoon spent with the district nurse of the Department of Public Health. When I was with her I saw the other side of the work which I had been watching in the clinic and in the office of the hospital health service nurse. That afternoon I saw the results of the little white and pink slips which had been going out from the health service office at the hospital. I learned something of the varied nature of the district nurse's duties: a new baby, a cut eye, a broken arm, a weak chest, a communicable disease, a mother's allowance. All these shared her attention in one afternoon. I was somewhat surprised at the pleasant and co-operative reception given the district nurse. No doubt she runs against many a snag, but on the whole most people greeted her as a welcome old friend who had their good at heart.

The wisdom of using the schools as a centre around which to build public health work is most evident. If the health of the school were outside the dominion of the Department of Public Health, a large percentage of its contacts would be cut off and it could not function nearly so effectually. It seems

necessary for the school work and the district work to go hand in hand or both will to a great extent fail in their purpose. As it is, with the school health and the district health coming under one department, the picture can be seen as a whole and there are not two departments of health, each working with one hand tied, and probably at cross-purposes with each other.

My week in the out-patient clinic has given me a broader picture of the patients I meet in the hospital. I shall not think of them as only patients in hospital, but I shall automatically have a picture of them as people who have come from homes which have problems, possibly such as I saw in the homes in the district; people with a background of worries and experiences outside of hospital. The hospital so tends to become a world of its own that the nurses on the wards are apt to forget that the patient has come from a world of distraction and annoyance apart from her hospital experience altogether. Listening to the hospital health service nurse and the district nurse teach health has given me ideas for trying to drop health hints and do some health teaching during my contacts with patients. Now I am able to see the general picture of the patient's life and, therefore, understand her and her problems better and talk to her with more confidence.

The various divisions of the Department of Public Health of which I have learned seem to fit together to make a perfect circle of organization and check-up that leaves no gaps. No doubt there are gaps—the human element would most surely cause them—but to the amateur at least it appears to be a perfect set-up.



# Letters from Sweden

ELIZABETH LYSTER

*Author's Note:* While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. However, as shown in the following letters, the German invasion of Norway brought about changes in the original plans of the Unit.

Stockholm, Sweden  
August 5th, 1940

Dear M:

As you see, I am in Stockholm. I came down from Strömsund with another nurse of the Unit. I rather hope my last letter to you has not arrived for in it I said that I might be home soon and now I shall not be. Soon after I wrote you, it was learned that the ship would not be able to take any but American citizens. Then the two of us decided to stay on in Sweden for a while and, as there seems to be a shortage of nurses, I think there will be no difficulty about getting work. One of the heads of the Nurses Organization seems to be interested in us and has suggested that we stay in a nurses' home for a while so that we may have a chance to learn enough Swedish to get along with. We bought ourselves two dictionaries to-day, each about an inch square, but with 12,000 words apiece, English-Swedish, Swedish-English, and we have two grammars, so we should be well armed

against the pitfalls of this foreign language.

The awnings all over Stockholm rival even the flowers in their bright colours—orange, brown, henna, blue, green. One building flaunted a different colour from each floor! Bands play in the evenings in the parks and restaurants and there are tables and chairs on the pavements, surrounded with flower-boxes, where one can sit in the sunshine and watch the people stroll by. I use the word "stroll" advisedly—it is the tempo of this town. Only the bicycles hurry and perhaps they only seem to, for we are still forgetful of left-hand traffic at times and apt to find ourselves tangled up with a few of them.

I met Professor N., one of our fellow passengers, on the street to-day, and he asked us to have tea with him. He said he had saved a few ounces of a special tea against my return to Stockholm. He has, for years and years, bought his tea from Twynings, London. I wonder how long it will be before he will be able to enjoy this particular pleasure again. I think tea is as much of a ritual for him as for most Englishmen.

The statue of Orpheus in front of the Concert Hall is now in full view. The protective boarding which surrounded it when we were here before has been removed. Now Orpheus rises serene above the tumbling water of the fountain and the encircling forms below, and a market blossoms daily on the square, while under the feet of the market women and the ambling marketeers, lies a vast hole torn out of the earth—Stockholm's largest air-raid shelter. There are many about, and many sandbags

block up basement windows, but they are just a reminder, a rather strange reminder, that there is a world where these things have their uses. But how uselessly disfiguring they all seem here, now.

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Stockholm, Sweden  
Aug. 10th, 1940.

Dear M:

This letter is going to have an eventful journey and I wish it were possible for it to record all its adventures. I am giving it to someone who is going home by way of Russia and Japan. I have made them promise that they will deliver it in person and so be able to tell you more news.

I tried in my last letter to give you a few glimpses of this lovely and appealing town. So much could be said of the curving streets, of the blue water which comes to meet you at unexpected turns, of the softened almost blurred colouring which makes one think of a pastel or a dream. With so much colour abounding, flowers, awnings, sun umbrellas, chairs, table cloths, dishes, all in the most glorious combinations, one might be tempted to think that riotous would describe it — not at all — even the colours stroll!

The tea was fully as good as I had remembered it. Professor N. says the Swedes ("we", says he) are becoming more fatalistic each day. "What is there to do—one might just as well sit and twiddle ones thumbs."

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Stockholm, Sweden

August 17th, 1940

Dear M:

Yesterday we had some good news. Miss Hojer, who is Miss Elfverson's assistant, called us to go and see her and when we arrived, shaking in our shoes a little, it was to hear that arrangements have been made for us to go to Kalmar,

which is south of Stockholm on the coast. One of us is to stay with a brother of Miss Elfverson's, who is a gentleman farmer and has a large place, and the other with a friend of Miss Elfverson's. Miss Elfverson, I should explain, is Director of Nurses for Sweden on the Royal Nurses Board. We shall stay there two or perhaps even three months while we learn enough Swedish and we are not to pay a single cent for all this—just help with whatever work we can. Did you ever hear of such hospitality and kindness? We don't know anything about Kalmar as yet except that it is about twelve hours by train from Stockholm and that it is the site of an ancient castle.

R. tells me that her consulate is slightly exasperated with her (she says she has become an international problem child). As for mine, they took it very much in their stride. I don't suppose one more soul can possibly mean much in their lives, after trying more or less unsuccessfully to get 600 others out of the country. The man from Oslo did ask me what I intended to do if I didn't get work and I asked him what he would suggest and he said I could always come down and cry on their shoulders which, I said, was a lovely and comforting thought! However, that contingency is not at all likely—they are very short of nurses apparently.

In this section of Stockholm, between each row of apartments, they leave a nice breathing space, full of grass, trees, flowers, flagstone walks and here and there small flagstone lined shallow pools for the children to play in and sail their boats. Sandpiles are kept in check, not by prosaic boards, but by large rounded stones. The ground in parts has been left untouched and large boulders jut out forming natural homes for rock garden plants and flowers. There are fountains shooting high into the air and



falling gracefully sideways in a fine curving curtain of water. The buildings themselves vary from oyster-white to light grey with a faint pinky tinge, from palest yellow to deeper shades with here and there a nice green with dark green awnings. The general effect is that of large groups of large white buildings with splashes of colour provided by awnings and flower boxes. The whole side of this room where I am writing, is glass: one huge window and the glass door leading to the small balcony. The window extends from the ceiling to within two feet of the floor; under it there is a marble shelf (somewhat reminiscent of Connemara though with less green in it) and along this are plants.

Gasoline is rationed and taxis are not allowed to drive you to places of amuse-

ment—so they drive you to within one block! Many cars are equipped with charcoal burners which are attached to the trunk rack at the back or trail along behind like large silver bugs. The buses find the hills hard going with a full load aboard and only charcoal to deal with the problem. Otherwise, they seem to be very efficient. Coffee and tea and sugar are also rationed, but there does not seem to be any shortage so far. Food has gone up tremendously though to us the prices for meals still seem reasonable comparing them with home prices. The people on the streets afford one a nice feeling of free and easiness. Apparently one can wear just what one feels like wearing (practically anything goes) and no one looks twice. It is a nice town.

*(To be continued)*

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## Book Reviews

**Nursing Care of Communicable Diseases**, by Mary Elizabeth Pillsbury, R.N., M.A., formerly Instructor of Communicable Disease Nursing, Yale University School of Nursing. Sixth Edition Revised. Illustrated. 578 pages and index. Published by the J. B. Lippincott Company; Canadian Agents: Medical Arts Bldg., Montreal. Price, \$3.50.

The value of this text is demonstrated by the fact that, in a little more than ten years, five editions have been published. The sixth edition has evidently undergone thorough revision and new material has been added dealing with syphilis, poliomyelitis, bacillary dysentery and rheumatic fever. Emphasis has also been placed upon the new developments in chemo-therapy. Part One contains chapters on the prevention and control of communicable diseases while Part Two is devoted to a discussion of nursing care. Part Three consists of a brief picture of public health nursing and an historical review of the care of communicable diseases. The chapters on the causal organisms and

resistance to disease are particularly good and are well illustrated by tables and charts. There is also an excellent chapter, written by Dr. Grace M. Swanner, dealing with the recognition and treatment of fungous diseases. The whole question of prevention and control receive adequate attention. Various methods of gown technique are described at some length and are further demonstrated by full page illustrations. The nursing procedures associated with each disease are clearly outlined and measures for control are given in every instance. At this time, when the incidence of epidemic disease may be expected to rise, this excellent textbook should prove more valuable than ever.

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**Textbook of Materia Medica, Pharmacology and Therapeutics**, by A. S. Blumgarten, M.D., F.A.C.P. Seventh edition, completely revised. Illustrated. 804 pages and index. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, \$3.00.

Comparison of the seventh edition of this textbook, with the previous edition, which appeared as recently as 1937, shows that much new material has been added. Most of it deals with recent developments in chemotherapy and particularly with the various sulfanilamide compounds. Considerable space is given to a discussion of glandular specifics. An entire chapter is devoted to vitamins and there is an excellent table showing the foods in which the various types of food principles are present and their general therapeutic uses. The general arrangement of the subject matter has not been changed but is still directed towards teaching the nurse to observe the effects of drugs on patients and to administer a remedy in such a manner that the desired effect is obtained. Emphasis is also placed on the early recognition of toxic symptoms. Each chapter is followed by intelligent questions which will be helpful to instructors as well as to students.

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**Who is My Patient?** A Religious Manual for Nurses, by Russell L. Dicks, B.D. 149 pages. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, \$1.75.

This little book carries conviction because it is written by a clergyman who has had much experience in dealing with patients and with the nurses who take care of them. He has served as chaplain in the Massachusetts General Hospital and, later, in the Presbyterian Hospital, Chicago. The chapter devoted to a discussion of the clergyman's ministry to the sick is free from all sectarian narrowness and suggests how the nurse may best help the patient to receive the religious benefits of his own faith, whether he be Protestant, Catholic, or Hebrew. Every nurse should read the chapter on the religious needs of the sick and learn how to recognize the signs of loneliness and fear which the patient is vainly striving to hide. Then she should turn to the excellent outline of the twin arts of listening and reassurance. The religious approach to the nurse herself is not direct except in the final chapter which

puts the question so many of us ask—why do the innocent suffer? This is the author's answer: "Suffering cannot be evaluated apart from what it does for individuals. It may fail miserably in one instance and in another triumph. God and the earth are bountiful in their good gifts: we use them according to our understanding and appreciation. The creative way to deal with an experience is not to judge it upon a pleasure-pain basis but rather upon the basis of: what can I do with this opportunity? It is the task of each of us to discover the desire of God for himself; it is the task of each of us to search for the meaning behind every experience."

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**The Premature Infant, Its Medical and Nursing Care**, by Julius H. Hess, M.D., Professor of Pediatrics, University of Illinois College of Medicine; and Evelyn C. Lundeen, R. N., Supervisor, Premature Infant Station, Sarah Morris Hospital, Chicago. Illustrated. 309 pages, including index. Published by J. B. Lippincott Company; Canadian Agents: Medical Arts Bldg., Montreal. Price, \$4.25.

In this book the authors have collaborated to present the latest data, methods, and procedures, in the care of the newborn infant. They are to be congratulated on their painstaking effort, which should prove a guide and monitor to every physician and nurse interested in obstetrics and paediatrics. The correlation of medical and nursing care is well demonstrated; there are numerous illustrations; equipment, both expensive and simple, is carefully described and the statistical tables are well worth careful study. Again and again, the well known fact is stressed that elaborate nurseries and equipment are of little value unless the staff is well trained, well supervised, and of sufficient number to cover the service during the twenty-four hour period. This is, of course, true of any nursing service, but more so in a premature nursery, where a minute's carelessness or inattention may mean the life of a very precious child.



Chapters eight, nine, and ten, should be of interest to public health nurses and to all those responsible for the care of these infants in the home; chapter eleven, which deals with the feeding of the child, is most comprehensive. Chapter twenty-seven, which outlines "City and State Plans for the Care of the Premature Infant", should prove an

incentive to every one concerned in this phase of child welfare.

CAROLINE V. BARRETT,  
*Supervisor,*

*Royal Victoria Montreal Maternity,  
Montreal.*

## O.N.S.A. News Letter

Plans for the eighth biennial general meeting of the Overseas Nursing Sisters Association of Canada were completed by the Executive Committee at a recent meeting. Member Units have been advised that Monday, June 22, has been chosen for our general meeting, when items of considerable importance will be dealt with. The Montreal Unit will have further news for the Units at a later date when plans for a social reunion have been completed. Members are reminded that the General Meeting of the Canadian Nurses Association will be held in Montreal from June 22 to 26, and that Monday 22, will be our special day. All are assured of a warm welcome.

The *Regina Unit* reports a satisfactory year. The officers elected are: president, Mrs. D. C. Fyffe; first vice-president, Mrs. A. E. L. Shand; second vice-president, Mrs. A. T. Child; secretary-treasurer, Mrs. P. Harradance. Executive: Mrs. J. E. Leveille, Mrs. A. E. James, Miss L. Lynch, Miss O. Hudson; publicity, Mrs. O. J. Monette; sick visiting, Miss O. Hudson.

The *Edmonton Unit* records with sincere regret the great sorrow that has come to their president, whose only son has laid down his life for his King and country.

The following officers were elected: president, Mrs. John Turner; first vice-president, Mrs. R. F. Nicholls; second vice-president, Miss Belle McGuire; recording secretary, Mrs. Byron Morrison; corresponding secretary, Miss Emeline Robinson; treasurer, Miss Olive Ross; representative to Canadian Corps, Miss Catherine MacKay.

The *Calgary Unit* has elected the following officers: president, Miss Lavell; first vice-

president, Miss H. B. Acton; secretary-treasurer, Mrs. John Mulholland; Red Cross convener, Miss N. Shearer; telephone secretary, Mrs. S. S. Nelson; social convener, Mrs. B. E. Hull; press reporter, Mrs. Wilfred Paterson. During 1941 the Unit made and donated over 20,000 articles of clothing and surgical dressings. Two R.C.A.M.C. Nursing Sisters, Ruth Turnbull and Lula McComb, who are awaiting departure for service in South Africa, were guests of the Unit at the annual meeting.

The *Montreal Unit* recently held its annual meeting and excellent reports of work accomplished were accorded due appreciation. Officers were elected as follows: president, Miss C. M. Watling; vice-president, Miss Gwen Holland; treasurer, Miss Connie Harrison; executive committee: Mrs. C. E. Bissaillon, Mrs. A. R. Ketterson, Miss Eva Cumbers; convener, wool committee, Mrs. H. Routh; sick visiting committee, Miss Edith Campbell.

The *Windsor Unit* recently held its annual meeting and a donation of \$30 was voted to the Red Cross. The following officers were elected: president, Miss Ann Hicks; vice-president, Mrs. W. J. Elliott; treasurer, Miss Lucy Bailey; secretary, Miss Ida Bull.

The *Toronto Unit* announced that, at its annual meeting, careful study of the proposed amendments to the O.N.S.A. constitution and by-laws would take place. Copies of the draft of the proposed amendments, prepared by Miss Edna Moore, have been issued by the secretary-treasurer of the O.N.S.A., for purpose of study, to all Units.

The death of Miss Muriel Margaret Fell, a member of the Toronto Unit, is regretfully recorded.

## How you may help the Red Cross

Graduate nurses with an hour to spare each week, can be at this time, of great service to their country. We have all wondered how best our training might be used, and this opportunity is ours, now. The Red Cross Courses in Home Nursing and Emergencies in War are simple, basic, and provide for demonstration. Well thought out teaching guides are provided so that no one need hesitate to volunteer for lack of experience in teaching. There is need for a great number of people who know what to do in illness or emergency until trained aid arrives, and we, who have that knowledge can make a worthwhile contribution to the war effort by helping to train others.

To undertake a new venture, which one can successfully conclude, always gives one a thrill! To see a group of young people respond to one's efforts at teaching, with enthusiasm and pleasure, turns the thrill into a glow of real pride. Such an experience was

mine recently, when I watched a group of high school girls demonstrate some of the things that they had learned in a Red Cross home nursing class. My pride, as their teacher, was reflected in their pride of knowledge, and the sure way they undertook their assignments. This class was not the first, or the twenty-first, I had taught, so could not be called a new venture, but each new class brings its own personalities and pleasures (and sometimes problems) and presents a fresh challenge to the instructress.

All graduate nurses may help the Red Cross in giving these courses in their own communities. We are all desirous of doing all we can to help along the war effort, and this is a piece of work that will accomplish that and give real personal satisfaction as well.

*Marion Starr*

*(Mrs. Gilbert Storey)*

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## A.R.N.P.Q. Annual Meeting

The annual meeting of the Association of Registered Nurses of the Province of Quebec will be held on May 15, 1942, in the Windsor Hotel. The curtailment of the Meeting to one day is due to the fact that the Canadian Nurses Association will meet in Montreal in June. Sessions will be as follows: 9.00 a.m.—Hôtel-Dieu de St. Joseph—General meeting of the Hospital and School of Nursing Section (French Group); 2.30 p.m.—York Room, Windsor Hotel—General business session, with address by the president; 8.30 p.m.—General meetings

in French and English will be conducted concurrently in the York Room and the Prince of Wales Salon. Further details regarding program will be announced in the daily papers at later dates. Room 129 adjoining the York Room has been reserved for voting and will be open for convenience of members on May 15 from 2.30 to 10.30 p.m. Ballots may also be cast at Hôtel-Dieu between 9 a.m. and 12 noon. The ballot box closes at 10.30 p.m., May 15. Members will be eligible to vote upon presentation of 1941 registration renewal certificate.

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## Nurses Wanted for the Grenfell Mission

Three nurses are urgently needed for the Grenfell Mission—one for hospital service and two for duty in nursing stations. Even in time of war, this vitally important work

must not be allowed to suffer. Full particulars may be obtained from Miss E. G. Graham, Grenfell Labrador Medical Mission, 48 Sparks St., Ottawa.



## Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Marion Kent*, a graduate of the University of Toronto School of Nursing, *Miss Laura Wheelband*, a graduate of the Hamilton General Hospital, and *Miss Madeline Smith*, a graduate of St. Joseph's Hospital, Hamilton, have been appointed to the Hamilton Branch.

*Miss A. Whiston*, a graduate of the Victoria General Hospital, Halifax, and of the course in public health nursing at the McGill School for Graduate Nurses, and who has recently completed a postgraduate course in communicable disease nursing at the Alexandra Hospital, Montreal, has been appointed to the Truro Branch.

*Miss Elaine Lefebvre*, a graduate of the Ottawa General Hospital, has been appointed to the Lachine Branch temporarily.

*Miss Georgia Byers*, a former Victorian Order Nurse, has returned to the Halifax Branch temporarily.

*Miss Muriel Rice*, formerly staff nurse on the Kirkland Lake Branch, has been appointed nurse-in-charge.

*Miss Edna Dysart*, a graduate of the Moncton Hospital, *Miss Elsie Schuman*, a graduate of St. Paul's Hospital, Saskatoon, *Miss Helen Kay*, a graduate of the Toronto General Hospital, and *Miss Margaret Baker*, a graduate of the Children's Hospital, Halifax, having completed two months' super-

vised experience on the Montreal staff introductory to Victorian Order work, have been posted respectively as follows: Kingston, Regina, Hamilton, and Montreal.

*Miss Edith Horton* has been transferred from the Kirkland Lake Branch to the Kitchener Branch as nurse-in-charge.

*Miss Christene McKinnon* has been transferred from the Halifax Branch to the Prince Albert Branch as nurse-in-charge.

*Miss Ellen Linton* has been transferred from the Canso Branch to the Sackville Branch as nurse-in-charge.

*Miss Constance Lelu*, who relieved on the Sackville Branch for three months, has returned to the Hamilton Branch.

*Miss Winnifred Ashplant* has resigned from the Kitchener Branch as nurse-in-charge to accept the position of public health nurse in the secondary schools in London.

*Miss Anna McFarland* has resigned from the Kingston Branch to join the Nursing Service of the R.C.A.M.C.

*Miss Marion Mercer* has resigned from the Montreal staff to accept a position on the staff of the Montreal General Hospital.

*Miss Marjorie Cowan* has resigned from the Regina Branch to accept a position on the Collegiate staff of Regina, Saskatchewan.

*Mrs. Jeanette Hicks* has resigned from the Montreal Branch where she was temporarily employed.

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## M.A.R.N. Annual Meeting

The annual meeting of the Manitoba Association of Registered Nurses will be held on April 24 and 25 at the Fort Garry Hotel in Winnipeg. Although full details are not yet available it is already apparent that the program will be both timely and interesting. The main theme is to be "Nursing and Defence" and the speakers will include representatives of the Army, Navy, and Air Force. The importance of civilian defence measures will also be emphasized. An evening session,

which will take place at the Children's Hospital, is to be devoted to the study of nursing care in poliomyelitis. Other topics are war neuroses and the technique of blood transfusion. Special attention will also be given to industrial nursing. An important feature will be the presentation of a report, prepared by the School of Nursing Advisor, which sets forth the effect which the defence program is having upon schools of nursing in Manitoba. Some pleasant social

functions are being arranged, including a luncheon and the usual banquet. It is hoped

that there will be a large attendance, especially of out-of-town members.

### M.I.C. Nursing Service

*Miss Jeannine Coupal* (Ottawa General Hospital, 1937, and public health nursing course, McGill School for Graduate Nurses, 1939) has resigned to join the Royal Canadian Air Force as Nursing Sister. Miss Coupal has been in charge of the Metropolitan nursing in Chicoutimi, Que.

*Miss Irene Dubreuil* (St. Luc Hospital, Montreal, 1934, and public health nursing course, University of Montreal, 1936) has been transferred from Montreal to Chicoutimi, replacing Miss Coupal.

*Miss Antoinette Larose* (St. Justine Hospital, 1935, and University of Montreal public health nursing course, 1938) has resigned from the Metropolitan Life Insurance Com-

pany to be married. Miss Larose has been on the Quebec City Nursing Staff.

The quarterly meeting of the nurses of the Metropolitan Life Insurance Company of Montreal was held recently with the president, Miss Adrienne St. Onge, in the chair. The speaker was the Rev. Father Noel Mailloux, O.P. who entertained the audience by developing in a most brilliant and practical way the following subject, "Our Nurses and the War". The nurses were impressed by the moral value of the lecture by which we will all personally profit; this standard they will spread in our population by their daily contacts with the families.

### Ontario Public Health Nursing Service

*Miss Elizabeth Edwards, B.A.*, has resigned the position she has occupied for five years with the Simcoe Board of Health. She has accepted a post at Picton where the municipal authorities are undertaking the establishment of a generalized public health nursing service.

*Miss Marion Kidney* (Calgary General Hospital and University of Toronto School of Nursing, 1935) has been appointed to the York Township public health nursing staff.

*Miss Helen Thompson*, public health nurse, Weston, has returned to duty after a leave of absence.

*Miss Mary Swan* (Johns Hopkins School of Nursing and University of Toronto School of Nursing) who received from the Rockefeller Foundation a fellowship for one year of advanced study and experience, is with the St. Catharines Department of Health for three and a half months. In April she will spend two weeks with the nursing service of the United Counties Health Unit.

*Miss Louise Grover* has resigned as public health nurse with the Renfrew Board of Health.

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# NEWS NOTES

## ALBERTA

### RED DEER:

At a recent meeting of Red Deer District No. 6, A.A.R.N., Dr. C. D. Husband, of Red Deer, gave an interesting and instructive talk on the newer developments in local anaesthesia, with special reference to the use of local anaesthetics in the practice of dentistry.

## BRITISH COLUMBIA

### TRAIL:

Miss Marjorie Fletcher was elected chairman for the third consecutive year when the Trail Registered Nurses Association held its annual meeting recently with 60 nurses present. Miss Vera B. Eidt, superintendent of Kootenay Lake General Hospital in Nelson and chairman of the West Kootenay District Nurses Association, was the guest speaker. She gave a short review of the history of the International Council of Nurses, the Provincial Nurses Association, and the West Kootenay chapters. Miss Eidt said that it was felt that the organization of a West Kootenay district association with its chapters had encouraged co-operation between the nurses and this had made for a firmer foundation with a better feeling of fellowship.

The next West Kootenay district meeting will be held in Trail in February or March when delegates will meet from Rossland, Trail, Nelson and Nakusp-New Denver. The question of sending a delegate to the biennial meetings of the Canadian Registered Nurses Association in Montreal will be discussed at the district meeting.

The following were elected to office during the coming year: President, Miss Marjory Fletcher; vice-president, Miss Edythe Crosson; secretary, Miss Phyllis Slader; treasurer, Miss Eileen Somerville; correspondent to *The Canadian Nurse*, Miss Joyce Greenwood.

## MANITOBA

### BRANDON:

At a recent meeting of the Brandon Graduate Nurses Association the president, Mrs. S. Perdue, was in the chair. Approximately

\$200 has been realized from the various groups for the British Nurses Relief Fund. The Downtown Section were in charge of the meeting, and Miss M. Gemmell introduced Dr. H. S. Sharpe who outlined the general principles of A.R.P. Work. Miss D. Robinson voiced appreciation to Dr. Sharpe, and a social hour followed.

The Brandon Graduate Nurses Association recently met with the president in the chair. During the reports from the various groups, Mrs. S. J. S. Pierce revealed that 101 utility bags had been sent to air raid shelters in Britain. The guest speaker was Miss Mary Adams, of the Y.W.C.A., who was introduced by Miss Blanche Brigham. Miss Adams gave a vivid description of her experiences in Britain during the first ten months of war. Miss Agnes Crighton thanked the speaker and a social hour followed. Thirty-one were in attendance. The married nurses section of our association recently sponsored a successful dance in aid of war work.

### ST. BONIFACE:

#### *Sr. Boniface Hospital:*

Miss Irene Millar (1936) left Canada recently for military service overseas. Miss J. Parenteau (1929) is at the Modesta Hospital, California. Miss Nancy Woznesensky (1941) is attending the University of Minnesota to obtain a Bachelor of Science degree in nursing education. Miss Frances Brennan (1940) and Miss Audrey Armstrong (1941) have been employed as stewardesses with the T.C.A. Miss Mary Fitzpatrick (1916) is doing general duty at the Mountain Sanatorium, Hamilton. Miss K. McKinnon (1938) expects to leave shortly for military service in South Africa. Miss Jeanette Parent (1941) is taking a course in public health nursing at the McGill School for Graduate Nurses.

The following marriages have recently taken place: C. Crittenden (1938) to Wm. Young; L. Reimer (1941) to Ernest Friesen.

## NEW BRUNSWICK

### SAINT JOHN:

The annual meeting of the Saint John Chapter, N.B.A.R.N. was held recently when the following officers were elected: Pres-

ident, Miss Lois Smith; first vice-president, Miss Louise Bartsch; second vice-president, Miss Helen Cahill; secretary, Miss Marjorie Harding; assistant secretary, Miss Florence Daly; treasurer, Miss Marjorie Weir.

The following nurses from Saint John recently left for South Africa: Miss Alice Carney, supervisor from Saint John General Hospital; Miss Marion McGowan, assistant superintendent of nurses, Provincial Hospital; Miss Frances Munro and Miss Margaret McAllenan, supervisors from Provincial Hospital. The following nurses have joined the Nursing Service of the R.C.A. M.C.: Miss Helen K. Stuart, supervisor from the Saint John General Hospital; Miss Miriam Foley and Miss Edith Biggs, of the general duty staff, Saint John General Hospital.

Miss A. Hickey has joined the staff of the Saint John General Hospital as supervisor of the medical ward.

The following marriages of Saint John General Hospital graduates have recently taken place: Miss Lena Mae William (1930) to Mr. Allan Copp; Miss Marion Christie (1936) to Mr. James W. Brittain; Miss Henrietta Redmore (1933) to Sub-Lieut. Horace Denyer; Miss Marjorie Cunningham (1935) to Staff Sgt. Gerald Shea; Miss Evelyn Fieridel (1941) to Lieut. Louis Ourick.

#### ST. STEPHEN:

Miss Myrtle Dunbar, vice-president, recently presided over a well attended meeting of the St. Stephen Chapter, N.B.A.R.N. Dr. N. E. Cobb, of Calais, Maine, gave an interesting talk on the "Sulfa" drugs. Following the business meeting, Dr. and Mrs. W. H. Bunker showed their colored films of their recent trip to the West Indies. A social hour followed.

A well attended Beano party was held by the local chapter in aid of the British Nurses Relief Fund. A fish pond, in charge of Miss Adolphine Vanheddegem, was well patronized. The party netted \$50 which will be donated to the Fund. Miss Aldana Leland was general convener. Miss Reta E. Follis attended the council meeting of the N.B.A.R.N. which was held recently in Moncton.

The following marriages have recently taken place: Helen K. Jones (C.M.H., 1938) to Joseph Buolic; Marian Mersereau (C.H.M., 1940) to Stephen Moshier.

#### NOVA SCOTIA

##### HALIFAX:

At a recent meeting of the Halifax Branch important news from National and Provincial Executive meetings was discussed by

Miss Marjorie Jenkins, president of the Registered Nurses Association of Nova Scotia. It was also announced that a nurses Official Directory has been organized which will be sponsored by the Halifax Branch of the Registered Nurses Association of Nova Scotia and will include all registered nurses available for private duty nursing.

A need has long been felt for such a service where the public will be able to call at any time during the day or night and get in touch with a trained nurse. Announcements are being sent to the hospitals, doctors, and superintendents for their own reference.

The Association is assuming this responsibility in Halifax because of the urgent need in this city of a qualified nursing service available to the public. Only nurses holding the registered nurse certificate will be listed for service. The hospitals have heretofore maintained a similar service but the new directory will include nurses who graduated from various hospitals and those who have recently come to Halifax from another province or district in Nova Scotia, and have registered.

The director will be Mrs. E. Haliburton and it will be located in her home, 310 Jubilee Road. The business telephone number is B 6469 and calls will be answered either day or night and at any hour. Although at present the directory only includes private duty nurses it is hoped to enlarge it and to include nurses of all types.

##### KENTVILLE:

At a well-attended meeting of the Valley Branch, R.N.A.N.S., which was held recently, the library committee gave a short review of the book, "This Above All", by Eric Knight, which has been purchased by the library.

#### ONTARIO

##### DISTRICT 1

##### SARNIA:

##### *Sarnia General Hospital:*

The Alumnae Association of the S.G.H. recently held a refresher course at the hospital with a good attendance. The program included demonstrations of the Wangenstein suction, by Mrs. Elrick; post operative care of duodenal ulcers, by Miss O'Malley. Lectures were given as follows: treatments of eye, ear, nose and throat, by Dr. Hunt; infant feeding, by Dr. Jackson; endocrinology, by Dr. Borrowman; diabetes, by Dr. W. Carruthers.

The graduate nurses held bridge parties in various homes in aid of the British Nurses



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Relief Fund. Miss Shaw and Miss Siegrist received the guests at the hospital for tea. Miss Thompson, Miss Stirret, Mrs. Walker and Mrs. Carruthers presided with graduate nurses assisting.

The following marriages have recently taken place: Miss Helen Robbins (1938) to Mr. M. Fleming, R.C.A.F.; Miss Irene Dunford (1941) to Mr. S. Brock.

#### LONDON:

##### *St. Joseph's Hospital:*

Misses Hilda Dietrich and Jean McDougall, of St. Joseph's Hospital Alumnae Association, recently left for South Africa, and were presented with leather writing kits by their Alumnae Association.

#### CHATHAM:

Married: Recently, Miss Jean M. Cullingham (Chatham Public General Hospital) to Airman Don E. Lindsay.

### DISTRICTS 2 AND 3

#### STRATFORD:

##### *Stratford General Hospital:*

A social afternoon was held recently for the Alumnae Association of the Stratford General Hospital when Miss A. M. Munn, of Toronto, was the honoured guest. At a regular meeting of the Alumnae Association held recently, Dr. T. R. Nichols, as guest speaker, gave an interesting address on anaesthesia. A group of talks, which should prove interesting, have been arranged for the winter months for the members of the Alumnae Association.

Miss L. M. Wilks (S.G.H.), who for the past 13 years has served on the staff of the S.G.H. as supervisor, has been called for military service. Miss Jean Bell (S.G.H.) and Miss Bessie Williams (S.G.H.) have completed postgraduate courses in obstetrics at the Royal Victoria Hospital, Montreal. Miss Bell has accepted a position at the Brantford General Hospital as assistant obstetrical supervisor and Miss Williams has been appointed obstetrical supervisor in the S.G.H., replacing Miss Wilks.

At a regular meeting of the Alumnae Association held recently, Dr. D. Smith, of Stratford, spoke on the life and writings of Robert Burns.

#### KITCHENER:

The Alumnae Association of the Kitchener and Waterloo Hospital has contributed \$115.75 to the British Nurses Relief Fund. Word has been received that Nursing Sister Helen Peer has arrived safely in South Africa.

Married: Recently, Miss D. Baker (1940) to Mr. R. Ruppel.

### DISTRICT 4

#### HAMILTON:

The annual meeting of District 4, R.N.A.O., was held recently at the Hamilton General Hospital. Miss Mary Buchanan, of Niagara Falls, was elected chairman for the coming year. The meeting was well attended by members from Hamilton, St. Catharines, Niagara Falls, and Welland.

Nursing Sister Hazel E. Tilling, formerly of the Hamilton General Hospital staff, is now serving with the Royal Canadian Navy.

Married: Recently, Miss Stella Paikin to Mr. Waxman.

#### WELLAND:

Married: Recently, Miss J. Beverly Rolph to Lieut. George Street.

### DISTRICT 5

#### TORONTO:

A special meeting of District 5, R.N.A.O., was held recently at St. Michael's Hospital, Toronto, the occasion being the visit to our District of Miss Ethel Johns, editor and business manager of the *Journal*. All business was dispensed with, the time being devoted to *The Canadian Nurse* program which took the form of "Information Please", a broadcast over station C.N.A. (Canadian Nurses Association) with Miss Sewell of the Toronto General Hospital acting as



Master of Ceremonies. We were very fortunate in having at our meeting Dr. Helen McMurchy, O.B.E., the first editor, and Miss Christie, the first business manager of the *Journal*. Miss Elsie Hickey, chief nurse warden, briefly explained the setup of Civilian Defence, Medical Division, and urged all nurses to register for same during the coming week. The approximate attendance was two hundred.

A meeting of second and third year nurses of the Schools of Nursing of District 5 was held recently under the auspices of the Inter-School Association. Miss Ethel Johns, editor and business manager of *The Canadian Nurse*, was the guest speaker. This meeting which was very stimulating, interesting and informative, was very well attended. Following the meeting a reception was held, the Inter-School group being hostesses.

### *Women's College Hospital:*

We recently celebrated our twenty-first birthday with Miss H. T. Meiklejohn, superintendent of the hospital, and Mrs. H. M. Bowman, founder of the organization, among the honoured guests. The proceeds of a bridge, amounting to \$150, was applied to the British War Victims Fund. The value of our scholarship was increased one hundred percent, and \$50 was donated to the hospital. A number of ditty bags were filled and all donated to the Navy League.

We had an out-of-town members night when letters were read from many of the early graduates of our hospital. Miss Chan, the first Chinese nurse to graduate in Toronto, contributed with a most interesting resumé of her activities in war-torn China where she is superintendent of a hospital and has adopted Chinese war orphans.

During the year we had a very interesting program of lectures. Miss Rayfield, the hospital pharmacist, gave an instructive lecture on new drugs. Miss Freda Held, of the Children's Aid, spoke on the reception and accommodation of war guests. Lieut. K. Gythfeldt, of the Royal Norwegian Naval Air Force, was guest speaker at our annual dinner held in honour of the graduating class. He vividly portrayed the invasion of Norway, not always dwelling on the tragic side, but with his inimitable wit depicting the humorous incidents. Mrs. W. Strange's description of the work of the Navy League and her appeal for helpers was another informative discourse. Miss McCorquodale's lecture, "A Nurse looks at Radiology" was also very instructive.

Three of our nurses are on active service overseas — Miss Dorothy Macken (1932), Miss Ethel McKenzie (1932), and Miss Ivy Acworth (1938). Many others are on duty in various stations in the province.

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*Wellesley Hospital:*

At the annual meeting of the Alumnae Association of Wellesley Hospital the following officers were elected: Honorary president, Miss Elsie K. Jones, superintendent of nurses; president, Miss Jean Harris; first vice-president, Miss Mary Stanton; second vice-president, Miss Mary Johnston; corresponding secretary, Miss Margaret Russell; assistant corresponding secretary, Miss Agnes MacLean; recording secretary, Miss Gretchen Schwindt; assistant recording secretary, Miss Elsie Turner; treasurer, Miss Jean Brown; treasurer for Sick Fund, Miss Doris Good; custodian, Miss Dorothy Fatt; auditors: Miss M. Ferguson, Mrs. G. Gundy; general committee: Miss Edith Cowan, treasurer for Elizabeth Flaws Memorial Fund, Misses J. Hayden, Betty Calvert, Jean Laird, Hermione Wark, Grace Bolton, Mrs. Reeve.

Encouraging reports of the year's work were given as follows: Miss Edith Cowan—Wellesley Hospital Alumnae Auxiliary has sent 1347 articles to the Red Cross, 455 articles for refugees, and has made 5333 dressings; Miss Grace Bolton—371 knitted articles were sent to Canadian and British sailors; Miss Jean Harris—322 knitted articles were sent to the Red Cross; Miss Mary Stanton—250 pounds of clothing were sent to evacuee children in England. It was decided to have a series of progressive teas in aid of war work.

Identification bracelets were presented to Miss Jane Whyte, the first Wellesley nurse to serve with the R.C.N.V.R., and to Miss Agnes McElheran who will serve in South Africa. An honorary life membership in the Alumnae Association was presented to Miss Edith Cowan by Miss Helen Caruthers. Miss Jean Brown presented a travelling clock to Miss Grace Bolton, the retiring president, in appreciation of services during the past two years. Miss Elsie K. Jones spoke on A.R.P. and defence work in hospitals. A social hour followed.

*St. John's Hospital:*

The annual meeting of the Alumnae Association of St. John's Hospital was held recently when the members met at dinner, joined by the Nursing Sisters. Everyone attended vespers in Chapel, and later the business meeting was held. Sister Beatrice told of new developments in convalescent care, and of the A.R.P. and first aid lectures which the staff has taken. The list of knitted garments, made by the Alumnae Association, was read, and more wool was distributed. Boxes have been packed and sent to our members who are on active service, and contributions were received for the British Nurses Relief Fund.

Married: Recently, Mossie Draper to John Everett.

## DISTRICT 8

## OTTAWA:

*Sr. Luke's Hospital:*

The annual report of St. Luke's Hospital Alumnae Association revealed the following: Our annual dinner was held when 50 nurses were in attendance. A tea was held at the home of Mrs. J. Hall when \$100 was raised in aid of the British Nurses Relief Fund. Twenty-five dollars had already been donated to this fund. A raffle, on needlepoint made by Miss Norma Lewis, yielded \$60. In June, our meeting took the form of a picnic at the country home of Miss Peg Heron.

## PRINCE EDWARD ISLAND

## SUMMERSIDE:

*Prince County Hospital:*

At a recent meeting of the Prince County Hospital Graduate Nurses Refugee Club a letter of appreciation from the Summerside Branch of the Red Cross was read thanking the Club for its contribution of sewing, knitting, and blankets. Proceeds from a recent dance, sponsored by the Alumnae Association of Prince County Hospital, will be divided between the Alumnae Association and the Graduate Nurses Refugee Club of P.C.H.

Miss Adrice Campbell (1938) has accepted a position at the King Edward VII Memorial Hospital, Bermuda. Miss Marjorie Bryenton (1941) left recently for the Laurentian Sanatorium, Ste. Agathe, where she will do postgraduate work. Miss Norma Craig (1940) has completed a postgraduate course at the Children's Memorial Hospital, Montreal, and has accepted a position on the staff of that hospital. Miss Pauline Calbeck (1940) recently accepted a position as general supervisor of the P.C.H. Miss Pauline Hiltz (1940) has completed an "extra experience" course in surgery at the Montreal General Hospital, and has now returned to the P.C.H. as operating room supervisor.

The following marriages have recently taken place: Irene Champion (1935) to Victor Isaac; Ena Webster (1941) to Pte. William Mills; Enid Lewis (1937) to Clayton Thomas.

## QUEBEC

## MONTREAL:

*Montreal General Hospital:*

Miss Ellen Reid (1930) has resigned her position as supervisor of health service in the training school and has been succeeded by Miss Miriam Mercer (1926). Miss Mer-



cer was formerly on the staff of the Verdun Branch of the V.O.N. Miss Peggy Moss (1935) who has been nursing in a military hospital in England has joined the staff of No. 14 Canadian General Hospital as a Nursing Sister. Miss Anne Fleming (1939) has been appointed as stewardess with the Trans-Canada Air Lines. Miss Janet MacDonald (1940), Nursing Sister with the R.C.A.F., has been transferred from Up-lands, Ontario, to Moncton, N.B. Miss E. Starkey (1941) is a member of the operating room staff in the Hospital for Sick Children, Toronto. Miss Mary Clark (1941) has been appointed to the night staff of the Central Division. Miss Lorna Ellard (1941) and Miss Florence Buffett (1942) have been appointed to the staff of the Central Division. Miss Dorothy Burgess (1941) and the Misses Shirley Laughlin, Eileen Ingram, Edythe Moore, Rosamund Wilson, Katherine Miller, and Marcia Beek are doing general duty at the Western Division.

### *Royal Victoria Hospital:*

At a recent meeting of the Alumnae Association of the Royal Victoria Hospital Mr. Christopher Ellis gave an interesting talk on books of the day. The Meredith residence, which through the generosity of Lady Meredith has been presented to the Hospital for an annex to the nurses' home, was recently open for inspection. Miss F. Munroe and the nurses living there were at home to the medical staff, their wives, and friends of the Hospital and School of Nursing. The residence will accommodate 26.

Misses Arendt, Cummings, Short, and Inch (1941) are taking the course of lectures in ward teaching and supervision at the McGill School for Graduate Nurses. Miss Beatrice Allen (1939) is instructor at the Kenora General Hospital, Ontario.

The following marriages have recently taken place: Muriel Donahue (1940) to Flying Officer Melvin Giles; Mary Marguerite Miles (1941) to Gilbert Fauquier; Mary Evelyn Hutchinson (1936) to Dr. Munroe Marshall Kissane.

### *Homoeopathic Hospital:*

At the annual meeting of the Alumnae Association the following officers were elected: honorary president, Miss Vera Graham; president, Miss N. Gage; first vice-president, Miss Jessie Morris; second vice-president, Mrs. R. Johnson; secretary, Miss Marion Stewart; assistant secretary, Miss J. Darragh; treasurer, Mrs. E. Warren; assistant treasurer, Miss I. Garrick; committee conveners; sick benefit, Mrs. Warren; visiting, Miss D. Campbell, Miss M. Currie; refreshment, Miss E. Perron; program, Miss A.

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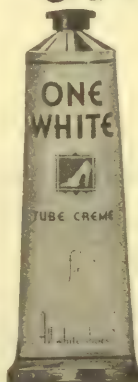
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E. Macdonald; general nursing section, Misses Grace Allnutt, C. Snasdell-Taylor; representatives to: Local Council of Women, Misses M. Lunny, M. Hayden; *The Canadian Nurse*, Misses M. Fox, P. M. Bridgette. The members have been active in war work, and under the convenership of Miss M. Bright have contributed over \$425 to the Spitfire Fund; the staff and general duty nurses also contributed \$100 to the British Nurses Relief Fund. A scholarship of \$100 has been offered for the purpose of studying the central supply room system. Arrangements have been made for this work to be done in Toronto, the recipient then returning to set up a central supply room at the Homoeopathic Hospital.

Misses L. Findlay and M. Lodge are now in England on military nursing service. Miss Janet Dunn is with the Nursing Sisters in South Africa. Miss Beryl Rutherford is now at an Eastern Canadian port with the Royal Canadian Navy. Miss Mina Sleith is with the Royal Canadian Air Force at St. Hubert.

**McGill School for Graduate Nurses:**

Miss Ella Howard (T. & S., 1938-39) has recently been appointed superintendent of nurses in the Saskatoon City Hospital. Miss K. McLean (T. & S., 1941) is now a Nursing Sister with the Regina Military Hospital. Recent visitors at the School were Nursing Sister Edith Weston (T. & S., 1939) and Miss Willa Ahern (P.H.N., 1936).

**SASKATCHEWAN****SASKATOON:**

A refresher course was sponsored recently by the Saskatoon Registered Nurses Association for the benefit of nurses who are not engaged in the active practice of their profession but who wish to keep abreast of modern methods. It proved to be a great success and there was a large registration. Great interest was displayed in the various lectures dealing with first aid, nutrition, prenatal care, infant feeding, and nursing care in communicable diseases such as poliomyelitis, encephalitis and tuberculosis. The course was held at St. Paul's Hospital, Saskatoon, and lasted a whole week. Miss Bjarnason, a supervisor at the Saskatoon City Hospital, was the very efficient chairman of the arrangements committee. The nurses who registered for this course have all signified their willingness to be called up for service in case of emergency.

Dr. Arthur Wilson, medical health officer, emphasized the importance of every man, woman and child being immunized, especially now that war was necessitating mass movement of men. Dr. L. H. McConnell spoke



on head injuries and neuro-surgery. Other doctors who took part in the course were J. F. C. Anderson, J. Sewdon, H. A. Matheson, E. Landa, H. C. Boughton, D. M. Baltzan, Griffith Binning, B. R. Burwash. Among the lecturers were Miss E. James, Miss Bole, Miss Beechenor, Dean Woods, and Miss K. O'Callaghan.

Miss Betsy Beaton (S.P.H.S.) recently resigned from the Sanatorium staff to take up duties with the military service in South Africa. Miss M. G. Gould (V.G.H.) recently resigned from the nursing staff at the Sanatorium to join the nursing service of the R.C.A.M.C.

### *Saskatoon City Hospital:*

The following officers have been elected to serve during the coming year by the Alumnae Association of the Saskatoon City Hospital: Honourary President, Miss E. Howard; president, Miss M. Chisholm; first vice-president, Miss E. Collins; second vice-president, Miss E. Grant; recording secretary, Miss D. Bjarnason; corresponding secretary, Miss D. Duff; treasurer, Miss E. Graham; committee conveners: ways and means, Mrs. C. Fletcher; program, Mrs. H. Atwell; social, Mrs. J. Gibson; Red Cross, Mrs. T. Binnie; visiting and flower, Miss V. Bergren; press, Miss M. Fofonoff.

### REGINA:

### *Regina General Hospital:*

Miss Muriel E. Thompson (Winnipeg General Hospital, 1935) has been appointed to the position of assistant superintendent in the Regina General Hospital. She has taken a postgraduate course in teaching and supervision at the Toronto University School of Nursing. Miss Muriel Collins (Toronto General Hospital, 1939) has been appointed to the position of assistant operating room supervisor. She has recently completed a postgraduate course in operating room technique and management at the Royal Victoria Hospital, Montreal. Miss Anne Jarvie (Royal Alexandra Hospital, Edmonton, 1939) has been appointed to the position of second assistant in the operating room. Miss Jarvie completed the course in operating room technique and management at the Royal Victoria Hospital, Montreal, before assuming her new position. Miss Margaret Miller (Brantford General Hospital, 1940) has been appointed to the position of assistant supervisor in the obstetrical department. Miss Miller recently completed a postgraduate course in obstetrical nursing at the Royal Victoria Hospital, Montreal.

MARCH, 1942

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## . . . OFF . . . DUTY . . .

Not long ago . . . we had to pay a flying visit to the United States . . . on official business, of course . . . and had quite a time getting over the border . . . First we had to be finger-printed . . . a messy business . . . but attended by results far less devastating . . . from an aesthetic point of view . . . than taking our passport photographs . . . We shuddered with apprehension when we presented these grisly proofs of identity to the immigration officer . . . and were immensely relieved when he decided to let us come into the country in spite of them . . . It was evening when we got to New York . . . and all the lights were blazing in the tall office buildings . . . No black-out, yet . . . but in our hotel room there was a rather sinister little card . . . telling us what to do in case of an air raid . . . and everywhere we looked Mayor Fiorello La Guardia had put up posters . . . entreating us to keep calm . . . and, above all, please not to shout . . . So we went to bed . . . quietly determined to be worthy of our British ancestry . . . and certainly to refrain from any unnecessary shouting . . . All day long . . . we were cribbed, cabined and confined in meetings . . . but early the next morning we stole away quietly . . . before our colleagues were awake . . . dashed into the subway and emerged at the tip of the Island of Manhattan . . . Here we just caught a big ferry boat called the "American Legion" . . . and set sail for Staten Island . . . return fare, ten cents. . . It was a brisk winter morning . . . and the harbour was as blue as the sky . . . We saw a tramp steamer flying the Turkish flag . . . and a great many gray hulls with long guns fore and aft . . . rounding up a flock of weather-beaten tankers . . . Over them towered the Statue of Liberty . . . holding her torch as high as ever . . . a noble and heartening sight . . . The breath-taking beauty of the New York skyline revealed itself as we drew away from it . . . and in our wake the seagulls swooped and screamed . . . fighting each other for their food . . . As we stood watching them . . . we noticed two pigeons sedately perched on the rail at the stern . . . Their round topaz eyes gazed at us expectantly . . . but, alas, we had not known they were going to be there . . . and had come empty-handed . . . However, they did not seem unduly disturbed . . . but sat there preening themselves in the wintry sunlight . . . They had an air of leisure and detachment . . . of taking things as they found them . . . and not too seriously at that . . . For some strange reason it was comforting to look at them . . . They did not have any qualms of conscience because they had stolen a few minutes from making plans and framing resolutions . . . They seemed to feel that, on a sparkling winter morning, it was good to be alive . . . to look at the sea and the sky . . . to smell the salt air . . . and to be aboard the ferry boat "American Legion" . . . just for the ride . . .

— E. J.



# Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

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## ONTARIO

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## A.A., Brantford General Hospital, Brantford

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## A.A., Brockville General Hospital, Brockville

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## A.A., St. Joseph's Hospital, Chatham

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#### A.A., St. John's Hospital, Toronto

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#### A.A., St. Joseph's Hospital, Toronto

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#### A.A., St. Michael's Hospital, Toronto

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#### A.A., School of Nursing, University of Toronto, Toronto

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#### A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

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1942



# THE CANADIAN NURSE

• Canadian  
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Meeting  
June 22-26, 1942  
Montreal, Que.



• Lenten Roses

*Photograph made by:  
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See Page 224*



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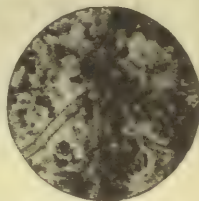
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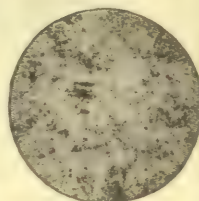
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## CONTENTS FOR APRIL, 1942

SHARING THE TASK	- - - - -	227
THE RED CROSS CHOOSES A CONSULTANT	- - - - -	228
PSYCHIATRIC PRINCIPLES IN NURSING PRACTICE	- - - - <i>R. O. Jones</i>	229
NURSING CARE OF FRACTURES	- - - - <i>M. Ward and E. Robson</i>	233
OVERSEAS MAIL	- - - - -	238
THE PROVINCES GO INTO ACTION	- - - - - <i>K. W. Ellis</i>	239
NOTES FROM THE NATIONAL OFFICE	- - - - -	243
OUR UNIQUE RESOURCES	- - - - - <i>M. Myers</i>	247
PLANNING A REFRESHER COURSE	- - - - - <i>M. Botsford</i>	249
OBITUARIES	- - - - -	250
HEALTH—AN EXPERIENCE FOR ALL	- - - - - <i>E. M. McDowell</i>	251
A DIFFICULT CASE	- - - - - <i>K. Magee and M. Beacock</i>	253
LETTERS FROM SWEDEN	- - - - - <i>E. Lyster</i>	254
IN HONOUR OF MISS SAMUEL	- - - - - <i>E. Archer</i>	257
NURSING CARE IN COLOSTOMY	- - - - - <i>S. Mingie</i>	259
BOOK REVIEWS	- - - - -	261
NEWS NOTES	- - - - -	268
OFF DUTY	- - - - -	278

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## Reader's Guide

In this issue, considerable space is devoted to the **General Meeting** of the Canadian Nurses Association. The official programme appears under the caption of *Notes from the National Office* and is, in itself, convincing evidence that you ought to come to Montreal in June. If, however, you stand in need of further persuasion you will find it in the leading article which suggests that there is a job to be done and that we all ought to lend a hand.

---

Military censorship being what it is, news from abroad is hard to come by. Nevertheless, thanks to several of our kind correspondents, **Overseas Mail** does give some inkling of how things are going. If you have any private letters which might be shared with our readers we should be very grateful if you would send them on to us.

---

Nothing could be more practical than the suggestions given us by **Dr. Robert Jones** concerning the application of psychiatric principles in nursing practice. The vivid case histories serve to illustrate a most enlightening and stimulating discussion. Dr. Jones is the head of the psychiatric department of Dalhousie University, Halifax, N.S.

---

Once more we acknowledge our debt to the staff nurses group at the Toronto General Hospital. Through the good offices of the indefatigable convener, Miss Mary Macfarland, we obtained the excellent article on fractures written by **Marion Ward** and **Evelyn Robson**. Mrs. Ward is head nurse in the ward for workmen's compensation patients and Miss Robson is a surgical supervisor. The illustrations were made from photographs furnished through the courtesy of the official hospital photographer.

---

A private nurse knows better than anyone else how heart-breaking it is to lose

the fight for a patient's life. Yet it is worthwhile to carry on until the very end for one can never be sure that the battle is lost. In this issue, two private nurses give a vivid picture of an effort doomed to failure but nevertheless worthwhile. They are **K. Magee** and **M. Beacock** and they practise their profession in Regina, Saskatchewan.

---

A strong plea for a better understanding on the part of teachers and nurses, of the functions that each group is trying to fulfil, is made by **Edith M. McDowell** who is a health teacher in the Provincial Normal Schools in Winnipeg. Miss McDowell has previously established an enviable reputation in the field of nursing education and is keenly aware of the importance of co-ordinated effort.

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In recent years there has been a tendency, in educational circles, to decry the apprenticeship system and other forms of learning by doing. Fortunately, the tide seems to be turning and the value of vital experience as a factor in learning is once more receiving the attention it deserves. **Marion Myers** writes of the unique resources which are at our disposal if only we are alert enough to recognize them and to turn them to practical use in the teaching of nurses. Miss Myers is instructor of nurses in the School of Nursing of the Saint John General Hospital.

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Two years ago, at Easter, the cover of the *Journal* carried a picture of wild cherry blossom. Our readers were so delighted with it that we decided to follow the precedent thus established, so last Easter we offered a spray of Annunciation lilies. These exquisite photographic studies were both made by Lillian Wooding, a Victorian Order Nurse. This Easter, the artist is **Kathleen I. Sanderson**, honorary secretary of the Canadian Nurses Association. Already we have a beautiful flower picture in reserve for next Easter.



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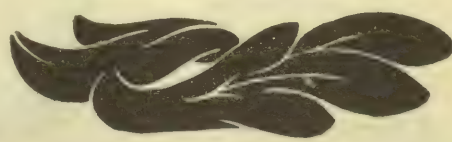
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# The CANADIAN NURSE

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## Sharing the Task

The programme for the forthcoming General Meeting of the Canadian Nurses Association appears in this issue of the *Journal* under the caption of *Notes from the National Office*. Read it over carefully and see what you think of it. Our prediction is that you will forthwith decide to come to Montreal in June and to take an active part in what promises to be one of the most important meetings the Association has ever held.

The success of a meeting of this kind depends upon several factors. First of all, there must be a definite conviction of the need of our coming together and a clear understanding of what we hope to accomplish by doing so. Then there must be a selective process which places emphasis where it belongs and makes sure that the content of the programme is balanced accordingly. Last but not least, there must be inspired and dynamic leadership.

With these criteria in mind look at

the programme again. There can certainly be no doubt that our need for taking counsel with one another has been kept in mind. For the past two years it has been necessary to hold emergency executive meetings in widely separated parts of the country because events moved so swiftly that action could not be postponed. The issues at stake were so important that key nurses, other than those who are members of the executive committee, were called upon to help in dealing with them wisely. Now the time has come when every nurse in Canada must take her full share of responsibility for these and other decisions which may have a far-reaching effect upon the future of the nursing profession in Canada.

This statement particularly applies to the younger nurses who are now coming into prominence in the nine provincial associations. Promotion is rapid these days and it will not be long before they are in the front ranks. There

could be no better introduction to the national and international aspects of nursing than will be afforded by the meeting in Montreal. Look at the names of those who are to speak to us. The High Commissioner for the United Kingdom, the Right Honourable Malcolm MacDonald, will have much to say that will broaden our conception of the Commonwealth of Nations. The indomitable president of the International Council of Nurses, Miss Effie Taylor, will tell us of the gallant struggle which is being made to keep the nurses of the world in touch with one another in spite of war. Those who have not heard Julia Stimson, president of the American Nurses Association, give one of her straight from the shoulder talks have something to look forward to. Now let us look nearer home. A whole session will be devoted to a discussion of how we may safeguard nursing and, under the dynamic lea-

dership of Miss Marion Lindeburgh, this will surely be a most inspiring occasion. Miss Kathleen Ellis is to give a progress report of her activities as emergency nursing adviser; and Miss Kathleen Russell will interpret the significance of the joint conference which took place, during the winter, between representatives of departments of nursing in universities and the members of the Executive Committee of the Canadian Nurses Association.

Other important questions will come up for discussion which, while national in scope, are also directly related to the affairs of the provincial Associations of Registered Nurses. Unity of purpose can best be achieved by a free and friendly debate in which the voice of every Province makes itself heard. This is no time to count pennies. Every Association should send good representatives, and plenty of them.

—E. J.

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## The Red Cross Chooses a Consultant

The vast enterprises carried on by the Canadian Red Cross Society touch nursing at so many points that even to name them is to demonstrate how close the relationship is between the Society and the Canadian Nurses Association. The principal link is the joint enrolment plan whereby nurses are enlisted for emergency and war service. Then there are the outpost hospitals and other nursing services maintained and directed by the Society and, in the public health field, the preventive and educational work of the Junior Red Cross.

In view of these complex inter-relationships, it has been the policy of the Society to appoint an outstanding nurse

to serve as a consultant. Until her untimely death, Jean Isabel Gunn rendered magnificent service in this capacity and it is a profound satisfaction to learn that the Society has now invited Miss Kathleen Russell, director of the School of Nursing, University of Toronto, to assume this heavy responsibility. A better choice could not have been made. Miss Russell possesses all the qualifications which are required in an interpreter of the aims and ideals of both groups and that she will receive their loyal support goes without saying. She carries with her to her new task the admiration, respect and confidence of the nurses of Canada.



# Psychiatric Principles in Nursing Practice

ROBERT O. JONES, M.D.

The intelligent nurse is now an absolute necessity to the practice of medicine in any of its branches. In other words, nursing has developed to the status of a profession, and as such, its needs must be considered as part of the great problem of health education. With the attainment of this position, it behooves the nursing profession to prepare themselves for rendering complete health care to the patient and this can only be done by following the other branches of medicine in the recognition of the fact that our function is treating people and not isolated disease entities. It is necessary for the nurse to become "behaviour conscious" and to have an awareness of the fact that the patient cannot be separated from his disease or his situational setting.

The word health must take on a larger meaning, including not only physiologic functioning, but intelligence capacities, emotional attitudes, family relationships, habit training, and social organization. The nurse must learn to regard the activities of human beings as behaviour, to be interpreted, planned for and treated, instead of conduct to be judged according to tradition and precedent and other criteria based on arbitrary standards. Some people are instinctively endowed with ability to see that which is not obvious in the life of patients; some can acquire this ability with training in the behavioristic sciences of psychiatry, psychology and sociology; and some can never become conscious of these facts whatever training they may receive.

What are the facts that these sciences offer as aid in nurses work? It is essential to insist that the things which we

are to talk about apply just as much to each of us as they do to patients. The reactions which go to abnormal lengths in patients are present to a lesser degree in us all. They may go to abnormal lengths in any of us and, unless they are recognized and dealt with, can hinder effectual work with patients. With increasingly rigid restrictions of entrance to nursing schools, and probation periods, much poor material is weeded out. But, unfortunately, attention is focused on school marks or a clergyman's recommendation of moral character, with little attention being paid to the candidate's habitual emotional reactions to the discouragements and fatigues of daily life or whether she is the sort of personality that dissolves like a pricked balloon under pressure. Psychiatry would urge the study of personal prejudices, attitudes, and values, so that these will not interfere with productive aid to patients. Emphasis should be placed on the most recent advance of worker-patient relationship: that the patient is a collaborator in treatment and not a passive agent.

The first thing that we should be aware of is that each individual is a law unto himself. Men are not created equal but differ in three essential aspects of personality make-up — the intellectual, the biological and the temperamental. To estimate these capacities, we have tests of science and tests of life, and the latter are amazingly informative if we do but heed them. Psychology has given us the intelligence test which has shown us that 25 percent of school children are mentally retarded and will never be able to get beyond the fourth, fifth, or sixth grade, no matter how well they are taught; that ten percent more are dull

normals with mentalities ranging from 12, 13, 14 years. They also are not high school material. If these children are followed out into life, they are usually found to be just below the poverty line, even in times of prosperity. They cannot be skilled laborers. If forced into any line of work, or subjected to the strain of family responsibilities, they sink deeper into the rut of poverty, poor health, delinquency, nerves.

Our biological endowments are also unlike. Some of us are built more sturdily than others, the so-called pyknic habitus. Others are of frail slender asthenic build. Some seem to be put together the wrong way from the standpoint of sensitivity and hyper-irritability. This group are apt to show the so-called neurotic trait — prolonged enuresis, stuttering, easy vomiting, asthma, spastic colon. They are reacting with a variety of symptoms to stresses and strains. Temperament is perhaps the phase of personality make-up that shows the greatest variation. In general, the psychologist divides people into introverts or the ingrowing, and extroverts or the outgoing. It is in the estimation of temperamental stamina that the test of life is of the most importance. We find that the ingrowing persons — the shy, sensitive, reticent, stand-offish — are more apt to react to life's difficulties with bends or breaks.

Science can do nothing to change intellectual endowment, little to aid physical and temperamental endowment, but one can at least teach the victim and his environment to understand his limitations. He can be taught how to live with these limitations without shame and energy-exhausting strivings, and the educational and vocational processes may be directed in keeping with what he is capable of doing. A great deal of misery and poor mental health could be

averted if we could teach human beings to be content to live within their capacities. It is good psychology to teach people to take responsibility, but it is asking for trouble to load responsibilities on them without first making sure that they have the endowments to carry them.

Another extremely important contribution of the behavioristic sciences to our understanding of human beings and human nature is the development of a working concept of body and mind relationships. A human being functions as a whole, and not in segments of mind and body. Every state of mind affects every cell of the body. If one is discontented, unhappy, fed up, depressed, one's physiology registers these emotional states. Nutrition declines, metabolism slows up, gastric secretion diminishes, gastrointestinal motility is slowed, menses become irregular or may cease. With opposite states of mind, such as elation and excitement, the opposite changes occur. It is conservatively estimated that 40 percent of the men and women who complain of poor health have no abnormal physical findings associated with their complaints. We call them psychoneurotics. To tell these patients there is nothing wrong with them is false. Their complaints are just as real as if there were actual lesional pathology. Progressive medicine recognizes that these patients are unconsciously making their bodies the scapegoats of all sorts of worries and strains — economic, domestic and marital conflicts. Consequently, we spend a great deal of time trying to understand and help them.

If we are to interpret health as a matter of happiness and success, we must achieve an understanding of our own personal problems so that they may not block the path to insight into the patient's difficulties. It is necessary frankly to recognize that emotions are the dy-



namos of human behaviour, not intellect and so-called brains. Emotions, impulses, instincts hold the deciding vote in most situations. It is difficult to be honest and to admit that most of the things we do are what we want to do, and not because there are good rational reasons for doing them. It is conservatively estimated that 70 percent of so-called "nerves", ranging from general nervousness to full-fledged insanities, represent the accumulation of poor methods of meeting strains throughout individual life.

The position of the nurse in dealing with this sort of illness is of particular importance. She is with the patient day after day and upon her tact, judgment, and patience the patient's response to treatment may well depend. To you he looks for encouragement and confidence. Through your eyes, he views the hospital and treatment situation, and discusses many intimate matters that he cannot get his own consent to bring to the attention of his physician. Upon your attitude and outlook on life he patterns his point of view. These problems are not part of psychiatry *per se*, but enter into the relationship with every patient treated, be it only a simple fracture. Too often such an injury brings serious personal problems to the patient, who does not receive adequate treatment unless these are recognized and dealt with.

In what ways are people apt to meet the difficulties that are encountered throughout life? The commonest reaction is that of down-heartedness and discontent with the job and living situation, and the desire to pitch both and do something else. This reaction varies all the way from doldrums of fatigue, headache, and irritability to varying degrees of frank depression to the point of actual psychosis with inability to sleep, loss of weight and appe-

tite, and suicidal pre-occupations. Another common reaction to strain is the development of worry over bodily sensations of discomfort which in reality represent physiological protests of emotional states, but are associated with fears of disease in the patient's mind. Medical assurance that we are physically alright does not help much — the indigestion, heartburn, spastic colon, and palpitations continue. Often, there are attacks of smothering with fears of impending death, the common anxiety attacks are added, and then fears of cancer, tuberculosis, syphilis, and what not. The individual drifts into a ritual of diets and rest periods, and heroic self-medication.

Another common reaction is the accentuation of sensitiveness to the point of feeling that all criticism and advice and counsel represent deliberate nagging and perhaps plotting to be rid of the person or have him off the job. He retires more and more into himself, stays away from friends, and does not go out to social and recreational functions. Soon every remark and action is misinterpreted as a part of a concerted attempt to follow or spy. This type of reaction is the most dangerous of all because the victim never gets on a talking basis about his difficulties. The first suspicion of the onlookers that all is not well is when he does some utterly bizarre act, says that the food is poisoned, or hears imaginary voices. Then we diagnose insanity and are tempted to believe that that is the practice of psychiatry.

A fourth type of reaction to the strains of life is taking refuge in drugs of which alcohol is the commonest. Formerly one believed that the alcoholic was a person whose tissues had a physiological craving for alcohol. At Bellevue Hospital, which I should think is the greatest testing ground in the world for alcoholics, it has been shown that in

the 5000 drug and alcoholic addicts studied, except for 10 percent whose addiction was induced by unwise medical therapy, the remaining 90 percent used drugs and alcohol as a poor refuge from meeting their own difficulties.

I should like to briefly illustrate some of these situations by cases which have been seen in the Psychiatric Department of Dalhousie University. A woman aged 36 years complained of indigestion, nausea, and vomiting. Previous attacks have been thoroughly investigated by all possible methods and no lesion has ever been found. On closer attention to the history, it is found that this attack, as well as all previous ones, came directly after the birth of her child — this one is her eighth. The first three pregnancies caused no difficulty. As well as the complaints mentioned, she was sad all the time, cried a good deal, felt slowed up in all her work, did not dare look at the future she felt so hopeless and found nothing that she could enjoy. In her own words she said — "Doctor, I don't know what is the matter but I'm sick all over". This is an excellent description of a depressive state, the original complaints being merely the most troublesome features in the sweeping disorder or perhaps the only ones which would receive attention by the medical profession. The reason for her depressive reaction became apparent when one knew what personal meaning pregnancy had for her. She had married because she was illegitimately pregnant and, since then, had one baby after the other. With each there was mounting resentment against her husband, who she vaguely felt responsible for the whole situation and coals were heaped on the fire when he refused to give his consent to any contraceptive measures. Trapped with nothing to do but go on having children as long as fertility lasted, the

depressive reactions following pregnancy represent the only way of expressing her disgust and resentment. Treatment consists in ventilating these ideas through discussion, giving reassurance and encouragement and attempting to make a better life adjustment when the illness has passed.

Another woman, aged thirty-eight, had vague pelvic complaints for which one physician advises an operation while a second refuses such treatment. She is mildly depressed, sleeping poorly, has no pep and terribly irritable and jumpy. After a short talk it became apparent that there is sufficient economic stress and marital disharmony to cause symptoms, but the urgent problem is not unearthed until she is given an opportunity to express frankly what she thinks is causing her illness. She immediately replies "Of course I know I have cancer" — and goes on to say that when physicians disagree, and will tell you nothing about the sickness, everyone knows that this means the patient has cancer and she is quite certain she will die in the immediate future. Relief is obtained by explaining the true dilemma in which medicine finds itself when physical findings are not clear and gaining her co-operation to work along more constructive lines.

A man, aged forty-two, has outbursts of temper in which he throws things. He complains that he cannot work because as soon as he goes into a public place he feels that his bowels will move and he does not dare to stay. It develops that he has had a frank syphilitic psychosis of the G.P.I. variety that has been adequately treated with malaria and that, while he still has intellectual defects left, there is nothing to explain the present behaviour. However, he soon pours forth his remorse and shame at his illness and his feelings that everyone



knows of it and talks of it. This is what gives him anxiety in public places and leads to the feeling of diarrhoea. The situation is intensified by his wife's severe attitude concerning the illness and her misconceptions concerning infectiousness and consequent danger to the children. By interviewing her, many of her fears were set at rest, the man was able to see the way in which his own fears had affected him and is now able to attend shows, go to church, and above all, has obtained part-time work.

Now here is the material that modern psychiatry feels it should treat. These are emphatically not crazy people, and none of them would ever be candidates for asylums but present everyday medical complaints. This is material that concerns human health and human welfare and constitutes this chaotic world in which we are struggling to live. Can we say that wrestling with it is the job of the ministry, the teacher, the social

worker, the parents, and not the business of nurse and doctor?

The psychiatric implications of general nursing practice are not the nursing care of psychiatric illnesses, such as delirium or depressions, for this constitutes specialized psychiatric nursing. The nurse doing general duty should realize that patients are human beings with complaints, feelings, fears, happiness, success, and failures, hopes and dreads for the future, and not merely collections of hearts, lungs, and kidneys, where a few bugs are temporarily lodged. Psychiatry recognizes the importance of physical disease and urges the best treatment, but in such treatment the patient who has the disease must not be excluded. With the recognition of this fact, the function of the psychiatrist changes from a person interested only in crazy people to one who is equipped to help those who are having difficulties in adjusting to life situations.

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## Nursing Care of Fractures

MARION WARD and EVELYN ROBSON

In any hospital, be it large or small, there are always a number of fracture cases. Our anatomy is made up of 200 bones of various shapes and sizes, any of which may be fractured at any time should injury occur. Motor accidents, industrial accidents, sports (especially winter ones) contribute largely towards the increasing number of fractures sustained in our present-day, fast-moving world. On page 49 of the *Red Cross Manual*, "Emergencies in War", the transportation of fractures is dealt with very helpfully, so attention will be confined to treatment following admission to hospital.

When the injury occurs to some extremity, whereby reduction of the fracture, followed simply by application of a plaster cast, allows the patient to be up and about, the nursing problem is an easy one. Even in cases in which open reduction has to be performed and the patient is still free to move about in bed, the nursing care can be confined to following conscientiously these basic rules. First, be sure that the circulation of fingers and toes is satisfactory at all times. Excess plaster should be washed off the skin on return from the operating theatre. Blueness, swelling, pallor and coldness are definite symp-

toms that something is wrong. An easy test is that of pressure on toe or finger and if, when that pressure is released, the colour is slow to return, we may be sure of interference in circulation. There should be no time lost in reporting this condition. If not, there is danger of paralysis which may even prove permanent. Secondly, a nurse must be constantly alert for signs of pressure under casts or at the edges where a rough surface may soon cause trouble to a tender skin. Realizing the value of prevention, a wise nurse at once protects the part by binding the rough edges with oil silk or adhesive. Thirdly, it is essential that the nurse do her utmost to keep casts clean, dry and efficient. Lastly, the danger of foot-drop must be recognized and guarded against in all fractures of the lower extremities. Support may easily be provided by simple means: a box, a

board, a bolster, or even a hard pillow against the foot of the bed.

Special nursing care is necessary with fractured femora and fractured spines although, in the former, present-day surgery has advanced so far that the nurses' task is lighter than it was some years ago. One great advance in treating this type of fracture is the Smith-Petersen pin. When this method is used, the patient does not require a plaster cast, and in a short time, is allowed to move freely in bed. Consequently, there is little danger of pressure sores and not much discomfort. The period of confinement to bed is not long, a matter of relief to all concerned especially if the patient be elderly.

In a case of fractured femur where dislocation has occurred and extension is required to bring about the desired position of the parts, the use of the Kirschner wire and caliper splint in conjunction with weights and the Balkan Frame overhead, provides a fairly comfortable position for the patient and still affords the nurse opportunity to keep the patient's skin in good condition without any great anxiety. Later, when by use of x-rays (and here the portable x-ray machine is indispensable) the doctor decides the position is a satisfactory one, the patient may be put in plaster to maintain that position. Once more we can still avoid pressure sores by turning the patient on his or her face for an hour or so at least twice daily. Here two things must be kept in mind. When turning the patient, first move him over to the edge of the bed on the affected side, and then gently roll him over with the injured leg in cast uppermost, thus making sure no pressure is made on the site of fracture. Two attendants are necessary to do this properly. A pillow may be placed under the chest, or otherwise adjusted, to make his position fairly comfortable. In time, most



*Fracture of cervical spine with calipers and extension.*

*Courtesy of Dr. R. I. Harris*



## NURSING CARE OF FRACTURES

patients come to look for this change and find it restful. Always make sure that the foot and toes are not over-looked. Either the foot may project over the edge of the bed, or be supported and kept from pressure by placing a small pillow or a pad under the dorsum of the foot.

One problem presents itself with this type of cast, especially when the patient is an elderly female. When bed-pans are used at time of urination, there is danger of the casts becoming wet. In our hospital we are experimenting with female urinals. They are similar to male urinals but the opening differs in shape. They seem to serve their purpose well and, since their introduction, the number of wet casts is appreciably less.

With fractured spines, we find the need of most careful nursing, especially in cases where cord lesion has occurred, and paralysis is present, either partial or complete. Let us take, for instance, fractures of the cervical spine with paralysis of the upper extremities. If dislocation has occurred, we resort again to the use of calipers and weights to give the pull necessary to correct the position of the injured vertebrae. That pull must be maintained until change in neurological signs, and x-rays confirm the fact that the correct position has been obtained. During this period, the patient must lie comparatively still with calipers grasping the outer table of the skull, with no pillow, or at best a very small one, and care must be taken that the pull be kept equal and steady. If the pull is adequate and the dislocation satisfactorily reduced, the patient may be nursed on back, face or either side.

There is much for the nurse to consider in order to help the patient during the inevitable long period of waiting. As well as ministering to the physical well-being, which includes feeding, bath-

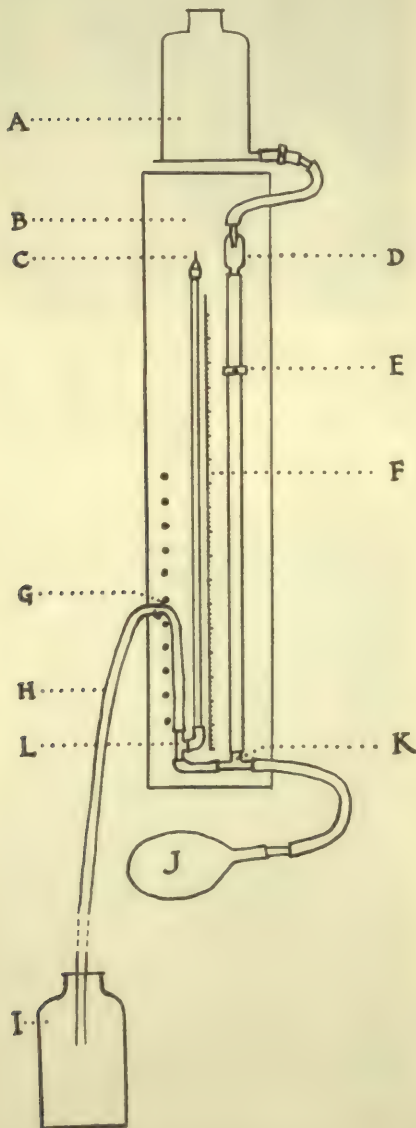


*Shaving himself with aid of bedside mirror.*

ing, special care at time of bed-pans, there is the necessity of relieving muscle strain and avoiding pressure sores. Moreover, the nurse must watch over the mental discomfort of a patient who is necessarily cut off from many privileges. Our occupational therapy department has provided two gadgets of great help in these cases: a reading frame and a bedside mirror that can be easily attached to the bed and allows the patient to follow in the glass the activities of the room and those about her.

Later, when the doctor decides the time has come for removal of the extension and weights, and for the application of plaster, a Minerva splint is put on. Once again, the period of adjustment is a difficult one but patience and good humour on the part of the nurse will invariably turn even a trying patient into a more or less contented one when the fact is realized that recovery is in sight. Such results were almost a dream, not so many years ago,

*Type of tidal irrigator which is now in use in the Toronto General Hospital and is described in the accompanying text.*



before the introduction of Kirschner wire and caliper splints.

One step further brings us to the hardest cases our nurses are asked to care for—fractured spines in which the cord injury is so complete that recovery is very remote, and in most cases impossible. True, in some cases laminectomy has been performed, pressure relieved, and partial recovery has taken place. But those cases are rare, and generally the nurse's chief duty is to make the patient as comfortable as possible, both physically and mentally, knowing at the same time that nothing more can be hoped for.

In such cases, where control both of bladder and bowels is absent, the discomfort and helplessness of the patient call for exceptional nursing care. Keeping the patient clean and dry is the chief consideration. An enema every second day helps to control one problem, but the bladder condition is harder to deal with. The old treatment was to install a permanent catheter and irrigate daily. The new treatment calls for the installation of a catheter and the use of a tidal irrigator.

The illustration shows a drawing of the latest model of tidal irrigator in use in this hospital. Dr. McKenzie, of our Neurological Department, has kindly allowed us to use this photograph for which the drawing was done by Dr. McCormick, who with Dr. Scott, contributed the description of the tidal irrigator that follows: The tidal irrigator is a device used to reduce infection in a paralyzed bladder and assist it to regain its normal tone if this is possible. It consists essentially of a board on which the irrigating apparatus is mounted and four tubes, (1) a catheter; (2) an input tube from the reservoir; (3) a siphon tube; (4) an air vent. In addition there is required a high stand on which to hang the board. There are



## NURSING CARE OF FRACTURES

many forms of the device, but a very simple and satisfactory type is shown in the accompanying illustration. The various parts may be identified as follows: (A) container of irrigating fluid; (B) board on which irrigator is mounted; (C) hypodermic needle; (D) dripper; (E) metal stop-cock; (F) scale marked on board; (G) hook for adjusting level of siphon pressure; (H) rubber drainage siphon tube; (I) drainage bottle; (J) representing urinary bladder with indwelling catheter; (K & L) glass T-tubes.

In actual practice, the lower margin of the board is set three to four inches above the level of the symphysis pubis and, by means of a cystometrogram, the level of *G* is established. The irrigating fluid from *A* is allowed to flow and regulated at 40 to 60 drops a minute by the stop-cock *E*. It then passes through the T-tube *K* to the bladder *J* by the catheter. The pressure in the bladder gradually increases until it causes a back flow of the fluid which eventually reaches the level of *G*, through the T-tube *L*. When this level is reached, a siphon is established through the drainage tube *H* to the bottle *I*. Because the opening at *C* is so small, as compared with the large bore system to the bladder, the bladder is completely drained before the siphon is broken by the column of air sucked in from *C* through *L* to *G* and the drainage system. When the siphon is broken, the cycle is repeated.

With the rate of flow regulated at 40 to 60 drops per minute, the bladder should be emptied automatically at least every three hours. The apparatus should, if possible, be kept running continuously day and night. When it is necessary to turn a patient, it is best to disconnect the catheter from the irrigator, having first put clamps on the catheter and on the tube leading to the irrigator. This



*Back view of Minerva splint.*

*Courtesy of Dr. R. I. Harris*

prevents air entering the irrigator, and also from spilling solution on the bed. After the patient has been turned, the irrigator should be connected to the catheter immediately and both clamps removed. The commonest source of trouble is a blocking of the catheter. When this occurs the siphon overflows every two or three minutes, but only flows for a few seconds. Another common source of trouble is a blocking of the air vent. If this happens, the siphon continues to drip at the same rate as the input and the irrigator loses its effectiveness.

Although this article may not include every type of fracture, it has been my endeavour to deal chiefly with those most commonly treated in general hospitals, and to present the nursing care which, above all, from the patient's point of view is so important in securing good results. We have also had in mind the feeling of work well done which is such a profound satisfaction to the nurse herself.

## Overseas Mail

Thanks to the kindness of some of our correspondents the *Journal* has the privilege of publishing interesting excerpts from "overseas mail". The first comes from the Matron of a large hospital in a British seaport:

Canada is marvellous in the way she is helping us in Britain in numberless ways and it is done so quietly, but oh! it means so much. This hospital has had its share of damage during air raids, but we are carrying on to the utmost in spite of many scars. Our beautiful hospital has been badly damaged but although we were directly hit on three occasions, we sustained no casualties amongst the patients or staff. The building is very strongly built and during a raid, the patients are always taken into the corridors. Had they been in the wards, they must surely all have been killed. We must always be ready to face whatever comes and do our best for those who are sent to us to care for.

This letter comes from the director of a famous British visiting nursing association:

I would like to assure you that we are by no means hungry. The rations we have are probably very good discipline as we were too luxurious and well fed before. I think we miss eggs as much as anything; the allowance of one each per month is not much and they cannot be divided! We have plenty of bread, vegetables, tea and many other things and the health of the nation is wonderful. The doctors complain of lack of work. This winter is a testing time but there has been no epidemic and we hope there will not be.

The effect of industrial work on our women may mean too much strain, but everything possible is to be done for their welfare. I think that one of the greatest problems is the care of the "under fives" for whom fruit and vitamins are so es-

sential. There are suggestions for a national health service, so you will see there is much to think of. Our nurses have done splendidly and I am proud of them.

Here are two interesting sidelights on the adventures of the Canadian nurses who are serving in South Africa. The first reads as follows:

On board ship we were well taken care of and conveniently located, and found it highly desirable to change into slacks the day following embarkation. We have remained in them since, changing for dinner each night. The weather is that of a June day, and we are stretched out in deck chairs recuperating after a heavy sea. We have organized a committee, representative of each province, and are planning an hour of study daily at which four topics will be discussed — military law, English currency, first aid, cities in South Africa.

Here is the second:

Cape Town is a most beautiful city and even beyond our expectations, which were high after Dr. Peters had told us so much about it. We could hardly walk three steps without someone inviting us into their car for a drive and home to a meal. All of us were invited to the Groote Schuur Hospital and had a very good time. There we met Miss Hiscock (an M.G.H. nurse) who was leaving the next day to join the Army. Miss Hiscock has been out here for six years. I am afraid our chances of getting North are slim as the South African nurses have first choice. From Cape Town we were sent to Durban where the Matron-in-Chief interviewed us in quick order and within twenty minutes had us distributed to various centres. Four went to Johannesburg, ten here (Pretoria), twenty to Pietermaritzbourg, and forty remained in Durban. Pretoria is the largest military base in South Africa, but we are in an isolated spot five miles from the city and live in huts called after various ships. I am in "Valiant" and others are in "Ajax".



Now a word from a nurse serving with the Canadian Orthopaedic Unit in Scotland:

We certainly have been very fortunate in having an opportunity to serve with this unit. There are twenty-two nurses and nine doctors for one wing, and we have four wards, with forty-two patients in each. About seventy percent of the patients are in the forces. They have been waiting for us for some time and there is quite a long waiting list for the surgeons. The hospital is very well equipped. It is wonderful that so many places have been converted into emergency hospitals. We are housed in huts which are quite comfortable and cozy. The College of Nursing in Edinburgh entertained us at a luncheon and were extremely kind to us. We were taken on a tour of Edinburgh Castle, the War Memorial, and John Knox's house. There are frequent concerts and shows for the patients which we attend. Sir Harry Lauder entertained us

not long ago; he certainly is wonderful at his age. We are getting plenty of outdoor exercise and are all gaining weight.

Finally, here is a message from that indomitable spirit, Rebecca Strong, now in her hundredth year:

We are much restricted, but not really in want — the organization is most creditable — the health of the nation has not suffered. What happy memories your name recalls, age prevents any repetition, but happy memory will remain. I fell in April breaking my right thigh bone and, though still convalescing, cannot expect full recovery, being in my ninety-ninth year. But I hope for sufficient strength to prevent me from being a burden to my relations who have kindly allowed me to make my home with them. They have done and are doing everything possible for me — electric light at head of bed, anthracite stove, wash basin, hot and cold water — very, very much to be thankful for.

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## The Provinces Go Into Action

With a realization of the need for preparatory and follow-up work, each province has either already appointed a special representative to work with the C.N.A. Emergency Nursing Adviser, or else has given consideration to such an appointment. In some instances the representatives have been released from their more permanent duties for a period of time; in others they have accepted the added responsibility and are carrying on, at least through the initial stages of the development.

Significant appreciation of the importance of the work is evidenced in the following appointments: *Prince Edward Island*, Anna Bennett, instructor

at the Prince Edward Island Hospital, Charlottetown; *Nova Scotia*, Marjorie Jenkins, president of the Nova Scotia Registered Nurses Association, and director of nursing at the Children's Hospital, Halifax; *New Brunswick*, Margaret Pringle, acting instructor, General Hospital, Saint John; *Quebec*, E. Frances Upton, executive secretary, registrar and official school visitor, Association of Registered Nurses of the Province of Quebec; *Ontario*, Marjorie Buck, superintendent, Norfolk General Hospital, Simcoe; *Manitoba*, Gertrude Hall, secretary-treasurer, Manitoba Association of Registered Nurses; *Alberta*, Margaret Fraser, director of nursing,

Royal Alexandra Hospital, Edmonton; *British Columbia*, Evelyn Mallory, registrar, Registered Nurses Association of British Columbia. The naming of a representative in Saskatchewan has been deferred until the Emergency Nursing Adviser visits that province.

In order that our objectives may be attained, nurses themselves must be fully informed regarding "new ways in wartime". They must have knowledge of the results that are looked for from the appointment of a "contact man" to bridge the miles that lie between professional ways and interests—miles that all too often spell lack of knowledge and consequent misunderstanding and indifference. They must realize the benefits that may be expected from the appointment of representatives who will bring into closer relationship the factors in our problem that are both diverse and common and, by mutual study, try to find some satisfactory solution of them. To ensure success, the individual nurse must be able to interpret nursing needs to the general public and also to indicate the steps that are now being taken to meet the demands being made upon the profession. This is what every nurse can do for her profession today and for its progress tomorrow—she can be an informed and interested member of it.

An important part of the necessary propaganda which is to be carried on in the provinces naturally includes close contact with authorities in schools of nursing and hospitals, and with other groups representing all fields of nursing. Contacts should also be maintained with the members of the medical profession, and with the Departments of Health and Education, university authorities, women's organizations, the press, the Boards of Trade, and other public bodies including industrial organizations. An explanation of profes-

sional nursing to all these groups is long overdue. Such an explanation should deal with our desire to meet demands during the present crisis and to build towards reconstruction, and is immediately concerned with the steps that are being taken to do so. These steps include the support and extension of post-graduate courses, so that a sufficient number of specially qualified nurses may be available to carry on work on the home front if new and more nurses are to be prepared to meet the demands here and elsewhere. Other measures are the recruitment of an adequate number of desirable students for schools of nursing; the improvement of the status of the general duty nurse, in order that nursing services may be stabilized; the renewal of contacts with married and inactive nurses to ensure that the most practical help is available from this mature group should a real emergency arise; and the study and development of plans whereby responsibility for the preparation of nurses, students and graduates, may be borne more directly by the Universities and guided through more centralized control.

Last, but not least, careful consideration is urged on the part of the qualified nurse before she relinquishes duties for which she is specially prepared. Such consideration would bring about a better distribution of nurses to serve in centres where they are needed in these trying times, rather than in centres where they would like to be. Nurses have never been slow to accept their special responsibilities and, in wartime, this is surely one. When the war is over, honours will truly be shared by those who steadfastly serve in less conspicuous places on the home front. The profession must see to this.

These thoughts are not new but are



built around the recommendations that resulted from the Joint Conference, recommendations with which most nurses are now familiar. Before the work of the Adviser is completed, it is hoped that each approved school of nursing in the Dominion will have been reached through personal contacts, made by the Adviser or by a representative, and that a sympathetic hearing will have been obtained from the directors of the schools, the superintendents of the hospitals, and the members of boards of directors. Approaches will also have been made to the other groups already mentioned. Opportunities are now being sought to offer suitable explanations of professional aims and the suggested paths by which these are to be reached. If such opportunities are to be capitalized, we say again that the rank and file of nurses must be prepared to act as ready and informed interpreters. As familiar and trusted members of the profession, their opinions will have much weight. It is earnestly hoped that readers of the *Journal* and others to whom this message may come will be among the voluntary recruits to carry the word into new fields.

Already, initial visits have been paid by the Emergency Nursing Adviser to a number of provinces including Quebec, Ontario, Nova Scotia and New Brunswick. Through a very generous gesture on the part of the nurses of Prince Edward Island, Miss K. MacLennan, president of the Prince Edward Island Registered Nurses Association, and Miss Anna Bennett, special representative, attended the meeting held in Saint John. This meeting was an historic one. As a responsibility of the provincial association, nurses came by train, plane, and motor. With one exception, every school in New Brunswick was represented and the cordial welcome extended to the Adviser was one

of inspiration. Time did not allow for as full a representation in other centres, but the interest evidenced was just as keen. In Nova Scotia, arrangements were made for the Adviser to meet quite a unique group representing higher education, the medical profession, the department of health, boards of directors, and the nursing profession. In Ontario, a very energetic committee, under the chairmanship of Miss Beatrice Ellis, has already outlined a comprehensive programme of activities so carefully prepared that the Emergency Nursing Adviser and the provincial adviser have every assurance that they have the support and interest of nurses throughout Ontario. By the time this article appears in print, it is hoped that contacts will have been made in every province.

The experiment began in the Province of Quebec, and the assistance and impetus given will no doubt be reflected throughout the whole development. In this province, the work of the Emergency Nursing Adviser involves a dual responsibility and the Canadian Nurses Association has been fortunate enough to secure Miss Suzanne Giroux to represent the French-speaking nurses. The appointment of Miss Giroux bespeaks success. She has entered upon the work with ready enthusiasm and her knowledge of nursing affairs, her keen mind, and very definite interest cannot fail to inspire others. At very short notice, Quebec was ready. Doors of institutions were opened, information was made available and even Boards of Directors almost met to order. It was readily made possible for the Adviser to confer with professional groups and in a way that permitted of discussion which was most helpful. Yes, we shall always be intensely grateful to the nurses of Quebec for the early days of initiation. The Adviser also attended a meeting of the Association of Re-

gistered Nurses of Quebec which was held in Quebec City. All English-speaking schools in Quebec were visited, and, in every instance, sympathetic consideration was given to the efforts that are being made to assist in maintaining an efficient nursing service.

It is to be regretted that certain limitations do not permit of more detailed recognition of the plans that were so quickly and efficiently laid in Quebec and the other provinces by the presidents and the most energetic representatives. These plans centre round the recommendations and, translated into action, take such forms as continuous propaganda including press, radio and other publicity, carried on nationally and provincially. In connection with the recruitment of desirable students, this propaganda must be taken into private and high schools, and other educational institutions. It must reach the potential nurse in time for her to plan wisely the foundation upon which her future will be built. Talks to high school students present opportunities for explaining nursing as a national service with almost unlimited scope that will not be confined to the war period. It also makes possible the interpretation of a *good* school of nursing. A personal approach is of great value, and here again the individual nurse can help. In one province, through the co-operation of the Director of Public Health Nursing Services, public health nurses are carrying this message into the schools that come within the districts in which they are working. Photographic leaflets are being prepared by the Canadian Nurses Association to be used in connection with the information that is already available.

An approach is being made to the authorities in each approved school of nursing regarding the selection of nurses who are qualified to undertake post-

graduate study. In connection with post-graduate courses, it is also suggested that consideration be given to the establishment of closer relationships between the universities and hospitals in order that nurses preparing themselves for supervisory positions may obtain courses that not only afford additional experience in some specialty, but which qualify them to teach, and to approach their responsibilities with some knowledge of the principles of administration. It is reassuring to know that a committee of the Canadian Nurses Association is setting up criteria and other information that will aid in planning post-graduate courses on a graduate nurse level.

Refresher courses for married and inactive nurses are already underway in several provinces with most encouraging response. Considerable thought is being given to the study of in-service education and the visiting instructor has become a live person in more than one situation. Studies are also being made of the preliminary school and of other developments such as the Vassar plan. While these have not taken definite form at the time that this article goes to press, they indicate that a lively interest in the solution of present day problems in nursing is being shown in more than one province.

The happenings of the past few weeks are recorded with enduring appreciation of the interest so generally displayed by the nurses of Canada. On every hand, this interest constitutes encouragement for, as one reporter suggested, "I know that important things are happening because so many important people are interested in them."

KATHLEEN W. ELLIS,

*Emergency Nursing Adviser,  
Canadian Nurses Association.*



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## Twenty-first General Meeting

An outline of the programme for the twenty-first General Meeting of the Canadian Nurses Association is published on the following pages. It will be noted that the first general session opens on Monday morning, June 22nd, and that the Programme Committee has arranged the proceedings for the week in keeping with the responsibilities of Canada's nurses during war-time as well as in preparation for the future. The guest speaker on Monday evening will be Miss Julia Stimson, President of the American Nurses' Association. The Right Honourable Malcolm MacDonald, High Commissioner for the United Kingdom, has accepted an invitation to speak at the dinner meeting on Tuesday evening. Then on Friday, Miss Effie J. Taylor will address the evening session. Miss Taylor is Dean of Nursing, Yale University, and President of the International Council of Nurses.

In a previous issue of these *Notes*, it was announced that plans in connection with celebrating the Tercentenary of the founding of the City of Montreal had been cancelled or greatly modified. The Sisters of the Community of Hotel-Dieu of St. Joseph at Montreal, originally had under consideration extensive plans for commemorating the arrival of Mlle Jeanne Mance in 1642. While these earlier arrangements must of necessity be curtailed, a very interest-

ing programme is being planned for Thursday afternoon and early evening, under the direction of the Mother Superior, Reverend Mother Allard.

The immediate concern of everyone is toward total war effort, but at the same time, it is the responsibility of the national nursing organization to guard professional advances already made. Consequently it is not advisable to abandon all interest in those projects which may seem unrelated to the present grave crisis. The Association has continued to develop activities through committees, each of which will submit a progress report to the General Meeting. Plans for the programme of one session, which were assigned to the Committee on Nursing Education, have resulted in that committee selecting "Safe-guards to Nursing—Present and Future" as the topic under which the biennial report and relevant activities of the Committee will be presented and discussed. A progress report by Miss Kathleen W. Ellis, as Emergency Nursing Adviser to the C.N.A., will prove a splendid guide toward formulating plans, when the immediate and post-war responsibilities of the Canadian Nurses Association are under direct discussion.

The Windsor Hotel, Montreal, will become convention headquarters to the Canadian Nurses Association for the week of June 22nd to 26th, 1942, with meetings of the Executive Committee held on June 19th, 20th and 27th. In

order to be assured of satisfactory hotel accommodation, early reservation is urged. Application should be made direct to the manager, **Windsor Hotel**, Montreal. Rates quoted to members of the C.N.A. by the Windsor Hotel are: single room, \$4.00 and \$4.50; double room, \$3.00 per person; three in a room, \$2.50 per person; four in a room, \$2.25 per person. Each room has a connecting bath. A specially prepared card for room reservation can be secured from the secretaries of the Provincial Associations of Registered Nurses.

### South African Gratitude

Shortly after the arrival in South Africa of the first contingent of Canadian nurses, Mrs. H. C. Horwood, Organizing Secretary of the South African Trained Nurses Association, wrote as follows to the Executive Secretary of the Canadian Nurses Association:

They are a fine body of women; I personally felt them to be almost "hand picked". They made a very definite impression on everyone they met of being thoroughly competent, well-bred gentlewomen. As emissaries from one Dominion to another, they are excellent. As nurses one felt convinced of their efficiency, kindness and poise. As an older woman it gave me real joy to welcome, under the British Flag, younger nurses come to share our difficulties and vicissitudes.

As the first arrivals, they received a more or less formal and official welcome from the Mayor (Cape Town), from our A.D.-M.S., from the Matron-in-Chief, and from the South African Trained Nurses Association. A courtesy which they greatly appreciated was a personal letter of welcome to each from the Prime Minister, Field-Marshal, the Hon. J. C. Smuts.

My thanks to Canada for sending her daughters to our assistance.

### British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

#### Ontario:

##### District 1:

A.A., Sarnia General Hospital	\$ 60.50
A.A., Public General Hospital, Chatham .....	50.00

##### Districts 2 and 3:

Graduate Nurses Simcoe Registry	20.00
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##### District 5:

A.A., Hospital for Sick Children, Toronto .....	62.24
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A.A., Riverdale Isolation Hospital, Toronto .....	25.00
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A.A., Soldiers' Memorial Hospital, Orillia .....	12.00
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Graduate nurse staff, Toronto Hospital, Weston .....	23.50
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Inter-school Student Nurses Association of Toronto .....	628.41
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Jr. Division, Class of 1944, Toronto Western Hospital .....	10.00
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Nursing Sisters, Toronto Military Hospital .....	20.00
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Nursing Sisters, Chorley Park Military Hospital, Toronto ....	8.00
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Individual contribution .....	5.00
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##### District 6:

Staff — Port Hope General Hospital .....	17.14
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Chapter C, Registered Nurses Association of Ontario .....	12.40
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Registered nurses of Cobourg ....	192.88
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##### District 7:

Perth nurses .....	4.24
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##### District 8:

A.A., Ottawa Civic Hospital ....	655.15
Nurses of District .....	344.85

##### District 9:

Individual contributions .....	8.00
Kirkland Lake nurses .....	14.75

##### District 10:

Graduate staff, General Hospital, Port Arthur .....	13.00
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A contribution to the Florence Nightingale Memorial Fund has been received from:

#### Ontario:

A.A., Mack Training School, St. Catharines .....	10.00
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## TENTATIVE PROGRAMME OF THE GENERAL MEETING

**Monday—June 22, 1942**

### GENERAL SESSION

8.00 a.m., Registration.

9.30 — 10.30 a.m.

Invocation.

Reading of Minutes of the General Meeting, 1940.

Report — Honorary Secretary.

Report — Honorary Treasurer.

Report — Executive Secretary.

Correspondence.

10.30 — 12.00 noon.

Presidential Address.

*Reports of Standing Committees:* Publications; Arrangements;

Programme; Nursing Education.

Appointment of Press representatives.

Appointment of Resolutions Committee.

Appointment of scrutineers, with instructions regarding voting.

Roll Call of Federated Associations.

International Council of Nurses — report by the President of the Canadian Nurses Association, Miss Grace M. Fairley.

Report of the National Joint Committee on Enrolment.

Formal presentation of resolutions from the Executive Committee and the Provincial Associations.

### GENERAL SESSION, 2.00 p.m.

2.00 — 4.00 p.m.

*Reports of Special Committees:* Exchange of Nurses; Mary Agnes Snively Memorial; Legislation; History of Nursing; Eight-hour Duty for Nurses; Syllabus; National Voluntary War Services Advisory.

Report of the representative of the Canadian Nurses Association on the Nursing Council of National Defence (U.S.A.) Budget Report.

### GENERAL SESSION, 8.00 p.m.

*Chairman: The President of the Association of Registered Nurses of the Province of Quebec.*

Addresses of Welcome, and a response to them by the President of the Canadian Nurses Association, Miss Grace M. Fairley.

*Ceremony: The Mary Agnes Snively Memorial Address and Presentation of Medals.*

*Address:* Miss Julia Stimson, President, the American Nurses Association.

**Tuesday—June 23, 1942**

### GENERAL SESSION, 9.30 a.m.

9.30 — 11.00 a.m.

*Special Committee Reports continued:* Health Insurance and Nursing Service.

11.00 a.m. — 12.00 noon.

Report of the Publications Committee and the report of the editor and business manager of *The Canadian Nurse*.

### GENERAL SESSION, 2.00 p.m.

2.00 — 4.00 p.m.

*Safeguards to Nursing — Present and Future:* report of the Committee on Nursing Education, by the convener, Miss M. Lindeburgh. *The Proposed Curriculum and its Supplement:* (a) the essentials in the administration of a School of Nursing Curriculum will be discussed by Miss Norena Mackenzie; (b) the *Supplement*, as a guide in clinical teaching, will be discussed by Miss Jean M. Wilson.

Schools of Nursing Records — a progress report by Miss Ruth Thompson.

A report of the Committee to study Registration Examinations, by Miss Miriam Gibson, convener of the Instructors Committee, Hospital and School of Nursing Section.

Discussion of Recommendations.

### GENERAL SESSION, 7.15 p.m.

7.15 p.m., *Dinner Meeting.*

*Address:* The Right Honorable Malcolm MacDonald, High Commissioner for the United Kingdom.

## THE CANADIAN NURSE

### Wednesday—June 24, 1942

#### CONCURRENT MEETINGS OF SECTIONS 9.30 a.m.

9.30 a.m. — 3.00 p.m.

Hospital and School of Nursing Section.

General Nursing Section.

Public Health Section.

#### GENERAL SESSION, 3.00 p.m.

3.00 p.m. — 4.30 p.m.

Discussion of reports presented by the Sections.

Discussion of reports presented by the Provincial Associations.

*Evening free for special social functions.*

### Thursday—June 25, 1942

#### GENERAL SESSION, 9.00 a.m.

9.00 — 12.30 noon

*Responsibilities of the Canadian Nurses Association, Immediate and Post-War:*

The significance and importance of the Joint Conference, held by representatives of the University Schools of Nursing and the Executive Committee of the Canadian Nurses Association, will be discussed by Miss Kathleen Russell, Director, School of Nursing, University of Toronto.

Report of the Committee on the Approach to the Federal Government.

Report of the Committee on the Appointment of an Emergency Nursing Adviser, presented by the convener, Miss Grace M. Fairley.

A progress report by Miss Kathleen W. Ellis, Emergency Nursing Adviser.

General discussion.

Summary of discussion, by Miss Mary Mathewson, Assistant Director, School for Graduate Nurses, McGill University.

*In the afternoon and evening a programme will be given at Hotel-Dieu Hospital, Montreal.*

### Friday—June 26, 1942

#### GENERAL SESSION, 9.00 a.m.

9.00 — 11.00 a.m., National Nursing Problems.

11.00 — 12 noon, Unfinished Business and New Business.

#### GENERAL SESSION, 2.00 p.m.

2.00 — 4.30 p.m.

Report of the Resolutions Committee.

Unfinished Business.

Report of Scrutineers with reception of new officers.

#### GENERAL SESSION, 8.00 p.m.

8.00 p.m., *Address:* Miss Effie Taylor, President of the International Council of Nurses.

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## A. A. R. N. Annual Meeting

The annual meeting of the Alberta Association of Registered Nurses has been planned for the Easter week-end, April 6 and 7 inclusive. The sessions will be held at the Macdonald Hotel in Edmonton and a large

attendance is confidently expected. An interesting programme has been arranged. Further information may be obtained from the secretary, Mrs. A. E. Vango, St. Stephen's College, Edmonton.



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# HOSPITALS & SCHOOLS *of* NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## Our Unique Resources

MARION MYERS

Those of us who work in schools of nursing frequently have reason to analyze and study this institution from the point of view of resources, liabilities, objectives and possibilities. In this article I shall try to recall a few of our valuable assets, so important in producing the high quality expected in our finished product.

Every institution is engaged in the work of production, whether it be that of the home, the school, or one of purely commercial aspirations. Our institution is a special school with its own particular ambitions and resources. We aim high for, whether we realize it or not, our objective is first to produce a skilled artisan whose deft fingers and trained movements radiate efficiency, stimulate confidence and save energy and supplies without becoming mechanical. Into this skilled technician must be woven professional characteristics, especially such qualities as the sense of responsibility, with mental reserves always available to take control of unexpected situations. There must be ability to formulate plans and to exercise judgment through quick association, and to recall an experience the outcome of which not only affects material things but life itself. Our product must be socially minded with an ever growing concern for the improvement of society as a whole. These are

but a few of the professional threads that blend into and balance our nursing tapestry. Nor are these technical and professional qualities enough. Still more meticulously must be woven the finest threads of all: the aesthetic qualities of an artist, whose aim and delight is perfection, whose sense of proportion and rhythm together with beauty of purpose (which is spiritual) elevates nursing to its original yet greatest possibility — that of a fine art. In a literal sense, all this perhaps seems a bit idealistic, almost as if we had failed to consider human weaknesses and imperfections, but on closer analysis, let us be encouraged, for we have much on the credit side. The qualities outlined are really pursued by all professions, but with our own (due to its constant human relationships) the public as a whole sets our standards and evaluates our results as truly as do our schools and nursing organizations.

First of all, on our credit side, we have youth, always a source of hope and promise. Our students enter with enthusiasm, they think of nursing in terms of its benefits to society and are eager for this contact. Their minds are set in the right direction — can we keep them this way? This is our first challenge. Valuable potentialities so often lost here are not easily regained. No force is

stronger at this stage than the carefully selected staff, sufficiently balanced, professionally, technically, and emotionally, to give the proper guidance and experience that will prevent disillusionment and retain enthusiasm. Variety, or the need for change, is regarded as one of the vital requirements of life. Does any school possess this in greater abundance than ours? That ever varied stream of life to which our students are exposed is persistent and demanding and sets our schools apart. No humdrum monotony here, but constant association with reality. Our schools are never dull.

Much may be said for learning while on the job. It is the old apprenticeship system, modernized by better methods of supervision and guidance. But the apprentice who looks up to his master workman renders no mean service to our schools, providing the master workman is worthy of his apprentice. So many inspiring and satisfying situations occur in nursing that other schools would find it difficult or impossible to experience. For instance, our students work shoulder to shoulder with their teachers and professors outside the classroom and this very fact should prevent cleavage of theory and practice. How often, more especially at night, do our students share with the physician a great responsibility to life. Their contribution to the successful outcome is so often a vital factor. At such times the students are entitled to receive acknowledgement of the part they have played, it is but common courtesy, teeming with educational and satisfying values. Only a little self-analysis is neces-

sary to illustrate how far-reaching is the effect on the moulding process we aim to achieve.

I have found the student's judgment and observation most refreshing and helpful in studying effects of the newer drug therapy. Pharmaceutical houses are releasing new chemical combinations so rapidly that even their list of effects can stand some revising. These observations influence medical thought, reinforce science, and safeguard life. It is always encouraging to feel one has a place in the mosaic of human affairs so let us be generous in our recognition of the contributions made by the student.

Life cannot reach its fullest proportions without satisfaction. I have listed a few means to this end, not the least of which is creation. The child who builds his block castle experiences a happiness without which life is drab. The person who can tactfully guide the creative instinct, so definitely a human quality, through useful channels to the stage of satisfaction has accomplished much. We have many opportunities for this in nursing. None better perhaps than the patient assignment system, where each nurse must think in terms of her patient as a whole, whose varied physical, mental and emotional states present a constant challenge to the creative spirit. Many other qualities might be listed on our credit side. We take them for granted because their roots are deeply entwined with the past and they are part of us. But, to this day, they give our School something vital that we shall do well to cherish.



# Planning a Refresher Course

MARION BOTSFORD

When a call went out during the past year for the enrolment of married and inactive nurses for service in the community in the event of an epidemic or emergency, the response in Manitoba was immediate and enthusiastic. By December, in the city of Winnipeg, one hundred and one graduates from hospitals in England, the United States, and all parts of Canada had enrolled for full- or part-time service. It was pointed out, however, that many of these volunteers, although willing to serve, had been out of touch with nursing for many years. A refresher course was, therefore, suggested and seventy nurses expressed their desire to be brought up to date on the latest developments in scientific medicine with its corresponding influence on nursing methods and procedures. The Manitoba Association of Registered Nurses felt that this response was a challenge to the active members of the nursing profession, and that it must be answered by the best that could be offered in up-to-the-minute data on modern methods, to meet the needs of the nurses offering their services and the hospitals and communities where their services might be required.

The preparation of a program was soon undertaken to include lectures and demonstrations on the newer drugs, abdominal surgery, medical diseases, obstetrics, pediatrics, communicable disease and community resources. In addition, it was necessary to include a comprehensive series of classes in emergency nursing to prepare graduate nurses to supervise some forty first aid stations, for which plans were being made by a Central Committee on Civilian Defense. It was realized that the educational pro-

gram must be based on sound educational principles and the symposium plan was chosen as the most effective method of presentation. All aspects of each discussion could thus be correlated to show the complete picture of the patient, with the factors influencing his condition and environment.

The points of view to be considered were: the medical, pharmaceutical, nursing, dietary and preventive aspects which would include the modern scientific discoveries which have affected diagnosis and treatment; recent outstanding advances in chemotherapy and the newer drugs; changes in nursing theory and practice which necessarily followed the advance in scientific medicine; diet therapy which had been affected in a like manner; and the advance in preventive medicine which is now recognized to be of major concern to doctors and nurses alike.

This ambitious program must necessarily be covered in a limited number of lectures because of the home responsibilities of most of the members of the class as well as the additional Red Cross and war work almost everyone is undertaking at the present time. A schedule of fifteen two-hour periods was therefore arranged, classes to be held in the evening from 7.30 to 9.30 p.m., on two evenings each week, at the Medical College where a theatre was reserved for this purpose. A fee of \$2 was charged to defray expenses of the course.

The next problem to be considered was that of the teaching personnel, which again must be the best available — not only from the point of view of knowledge of each specialty, but from that of ability to present the material effectively.

Doctors, pharmacists, nurses and dietitians were then approached and the response of every group was most gratifying.

Encouraged by this willing co-operation, programs were then printed and distributed, notices appeared in the local newspapers and mimeographed material on the first lecture was prepared. Facilities for showing lantern slides and x-ray plates were obtained and a unit which included a bed, chair and bedside table with a Chase doll was borrowed from the class room of a nearby hospital.

The stage was finally set for the opening lecture which was to commence at 7.30 p.m. However, by 7.15, the theatre, with a seating capacity of 100, was obviously inadequate to accommodate the eager audience which continued to assemble. Fortunately another room was available in the same building where almost 200 nurses have faithfully attended each class with ever-increasing interest and enthusiasm.

In addition to the lectures and demonstrations, a period of observation was arranged in the hospitals through the

co-operation of the superintendents of nurses. Sixty members of the class, who had been out of touch with actual bedside nursing for many years, welcomed this opportunity to regain confidence in their ability to give efficient and intelligent nursing care. The attitude of these mature women towards the patients in the wards of our hospitals may reasonably serve as an example to the young nurses who, although they are skilful and adept in the practice of scientific procedures, may lack those attributes of kindness and understanding which are only developed through varied personal experience and which contribute so much to the physical and mental welfare of the patient. There is little doubt that the understanding and appreciation of basic human needs which these women have learned to value during the course of their everyday lives was, to a great extent, the impetus which caused them to leave their cozy firesides to attend a refresher course which would give them a knowledge of scientific methods which will enable them to give the best in expert nursing care when the need arises.

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## Obituaries

HENRIETTA DUNLOP died recently in Montreal. Miss Dunlop was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1893. Throughout a long and useful professional career she rendered outstanding service as a private duty nurse and was greatly beloved by her patients. Miss Dunlop was a charter member of the Alumnae Association of her School and served as the first secretary-treasurer of the mutual benefit association, a position which she filled for many years. At the annual

dinner of the Alumnae Association, held in June 1941, Miss Dunlop was made a life member as a token of the appreciation and the affection of her fellow members.

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JOSEPHINE LONDEAU died on February 13, 1942. For twenty-eight years Miss Londeau had rendered devoted and faithful service as night supervisor in the Hotel-Dieu de St. Joseph, Windsor, Ontario. She was a graduate of the School of Nursing of this Hospital, and a member of the Class of 1914.



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## PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

### Health — an Experience for All

EDITH M. McDOWELL

"The sum total of man's environment is the instrument of his education." This is the challenge flung by an eminent educationalist to a modern world. Those who take refuge behind the school, hoping to escape responsibility, must now come out into the open and acknowledge that in so far as they contribute in any way to the experience of the child, they are responsible for his education. It is vain to attempt within the school the development of an appreciation of the good life unless the environment beyond the school is a daily experience of that way of life. But the school, too, must accept the challenge. It is vain to implement within the school a program which is merely an echo of something that belongs to the past and does not provide the experiences which develop the child for the reality of living in a changing world. Misplaced emphasis with regard to the relative importance of subject matter, and tenacious clinging to traditional methods, have given the school-experience a remoteness that has led to much confusion in the minds of our people.

In the curriculum of the Los Angeles city schools there appears this terse interrogation: "What shall it profit the child if he gain the whole curriculum and lose his own health?" Read it again.

Does it not imply that the curriculum is valueless unless it takes care of the health of the child? I would be greatly concerned for the success of teaching square root to a child who had not had a square deal in the matter of food, clothing, shelter and emotional security. Many years ago there appeared on the English market a book entitled "Day Dreams of a Schoolmaster." The day dreams centered around a classroom filled with sturdy, spirited boys who, in those days of the cane, were repressed with difficulty. Among them sat a little lad whose wan pallor and lack of vitality so touched the schoolmaster's heart that difficulties with Latin were glossed over with unexpected tenderness. One morning his place was vacant. Tuberculosis had claimed him. For many years after the schoolmaster's memory stirred wistfully for the little lad "who was backward in his Latin." Of course, we do not err so grossly and yet, before us lie the facts and figures concerning rejections on medical grounds of both men and women who have volunteered for war service, and we realize grimly that health practice through health knowledge has in some way eluded our grasp. We are feverishly active with programs for the home front. What about the boys and girls in our schools today? Are they

to be another forgotten generation? When we call them to build the better world of the future will forty-six per cent of them fail to make the Grade A class of young men and women whose courage and vitality will be needed for this task? Will many of them be discovered with defective hearts that might have been normal had our present program included that protection which modern science affords? Or will their capacities and talents for creative living be developed through health practice and health knowledge which is their birth-right?

The teacher and the public health nurse hold in their hands to an incalculable extent the guarantee of a strong vigorous youth who shall be our citizens of tomorrow. Education for health behaviour as a way of personal and social living cannot be achieved except as it grows out of all child experiences in the home, school and community. This calls for the preparation of teachers who shall be keenly aware of the social significance of their work, so that the school environment shall make health a daily, hourly, minute-by-minute experience within the school program. This relieves the public health nurse entirely of the task of going into the classroom to deliver weekly or bi-weekly health talks which do not begin to take care of health in and through education. She has no more justification for doing this than she would have for delivering spasmodic talks on mathematics or French. The public health nurse is a specialist in the field of disease prevention and health construction. She functions in a liaison capacity between home and school. The teacher needs

her help as a health consultant, not only for advice as to school health problems, but also to point out the opportunities for co-ordinating health through every subject in the curriculum. The teacher needs her help in building up a safe and healthful home environment. Together, they should throw their weight into many community projects which would form a bulwark around the efforts of the school.

Perhaps the departments of health and education should always have been one and the same department. Certainly our functions should never have become so widely separated as they are at present. This brings a challenge to every public health nurse. How much do you know of the school curriculum? Are your ideas of the school too traditional? Do you know that the traditional foundations of teaching method are being shaken profoundly today? Are you prepared to give advice with regard to integrating and correlating health in the school program? Can you swing your own thinking free of our many outmoded traditions, so that your functions as a health advisor may become crystallized toward courageous, "all out" endeavour?

Health is not only a social necessity. Health for all, in its broadest sense becomes an imperative in the democratic way of life. That is our signal to close our ranks so that health education shall not consist of pretty posters, nursery rhymes and desultory talks that have obviously accomplished but little, but rather that health in education shall be evidenced by better citizens in a better world.



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## GENERAL NURSING

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Contributed by the General Nursing Section of the Canadian Nurses Association.

### A Difficult Case

K. MAGEE *and* M. BEACOCK

One winter evening I was called to a house on "Influential Heights", where I found Mr. A. suffering from a heaviness in the chest, slight air-hunger, severe diaphoresis, temperature of 103 degrees, and sleeplessness. The doctor had warned me previously of a bronchial pneumonia. It seemed my patient had been ailing for some five weeks, beginning with the "flu", and developing into bronchitis. He had no appetite during that time and lost weight quite rapidly.

Unfortunately, Mr. A., a highly strung gentleman of early middle age, did not strictly obey his doctor's orders, refusing to remain in bed and questioning his treatment. This resulted in a condition rapidly growing worse, and one desperately in need of hospital care. The day after I arrived, he was admitted to hospital with a history of several chest illnesses. Examinations and clinical tests for tuberculosis had proved fruitless. His occupation kept him closed in, involving a certain amount of mental strain because of his influential position.

The first x-ray after admission confirmed a broncho-pneumonic condition of the left lung. Soludagenan, to counteract the infection, was administered at once and at regular intervals for three days. Severe nausea indicated a change in treatment; Edvinal was tried with

the same result, so pronylin was given per ora but gradually brought about the same effect and it too was discontinued. Sinapisms and oxygen to relieve congestion and air-hunger were applied. Intravenous of glucose to nourish, and sedatives to induce sleep were given, and heart and respiratory stimulants were administered. A blood transfusion was given, and repeated at regular intervals.

On the third day in hospital, the patient's abdomen became distended and hard. Linseed poultices were applied and enemas given, with pituitrin in small doses. Considerable relief was obtained and, after prolonged treatment, this condition subsided. Severe constipation persisted throughout the case and enemas were regular treatments, cathartics proving to be ineffectual and nauseating. Retention of urine was evident after the sixth day and the insertion of a retention catheter became necessary.

The prognosis was considered poor almost from the first, owing to the patient's very weak condition, caused by his prolonged illness at home. During the first week he had chills almost every day. His temperature ranged from 97 degrees to 104 degrees; the pulse was 140 but strong and steady. At the end of the second week the chills ceased, the temperature abated to some extent, but

the pulse became weaker and the patient's condition was considered poor. A chest aspiration, and culture of the fluid obtained, revealed a streptococcal infection. No relief of air-hunger was apparent after several aspirations. An x-ray at this point showed an increase in the involvement of the left chest with the heart becoming more and more displaced toward the right by a collection of fluid in the left base.

During this time the patient was forced to remain in Fowler's position, being unable to turn on either side owing to severe dyspnoea. A constant breeze, in below-zero weather, with the added help of an electric fan and an oxygen tank, did not always ease his intense air-hunger. The ward was, of necessity, uncomfortably cold when carrying out nursing procedures throughout the entire case.

Nearing the end of the third week, the patient began to expectorate huge quantities of offensive, purulent sputum. This lasted two days and gave him great relief from air-hunger. The temperature subsided but the pulse remained weak and thready most of the next week.

A rib resection was performed anteriorly, and in a few days another posteriorly. Very large amounts of offensive purulent drainage were obtained. An x-ray following the resections showed the empyema pockets well drained and the heart almost returned to its normal position. Though great relief was felt for two or three days, and the patient's condition appeared to be generally improving, this result was not permanent. His discomfort increased and his condition became steadily worse until he lapsed into a state of unconsciousness during his sixth week of illness. The temperature rose, the pulse became rapid and weak, the respirations variable and shallow. Eleven hours later the patient expired.

Besides the attending physician, a prominent urologist and a surgeon were taken into consultation, and lent their skill. Death, according to these physicians, was due to general septicæmia. The W.B.C. was almost normal throughout. From the standpoint of the nurse this case was difficult, in that the patient was very intractable, and interesting because of the great possibilities to employ her nursing skill.

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## Letters from Sweden

ELIZABETH LYSTER

*Author's Note:* While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in recons-

truction. However, as shown in the following letters, the German invasion of Norway brought about changes in the original plans of the Unit.

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*Kohlby Gaard*

September 2nd, 1940.

Dear M:

Here I am living in the middle of a book—it is rather unbelievable. Kohlby



Gaard is a large farm, a very large farm indeed, 1500 acres, in fact! Only 500 acres are under cultivation, the rest is forest. At the moment, I am living in a house by myself which is only about 50 years old. The "stor hus", or large house, is a mere 250 years or at least the oldest room is, the rest has been built on at different times. There are four immense linden trees which are older than the house. The farm itself goes back to the eleventh or twelfth century. The family who live here now and own the farm, have only been here a couple of generations. There are four children, two boys and two girls, Cajar, Gunner, Bertil and Bittan, the first and last are girls. Herr E. is on military duty but is home now on leave to see to matters around the farm. Then there is his mother who is 83 years old, rather shaky but still bright. I was surprised to find her doing a piece of needlepoint twice as big and twice as fine as my famous piece.

Fru E. is a very patient soul. Besides looking after all the household affairs and her children she now has me on her hands—to teach Swedish. Cajar and Gunner are learning English and German in school so you can imagine what the conversation at the dinner table sounds like. In one week, I have done many things—de-waxed and de-honeyed honey combs, strained and bottled the honey and stuck labels on the jars, raked the driveway, cleaned house which has included getting down on my hands and knees and scrubbing floors, picked and cleaned dozens of mushrooms, and now the housemaid has gone away on her two weeks holiday and I am taking her place waiting on table, drying dishes and doing her cleaning in the mornings. I still have my meals with the family. If I were not here, Cajar would do this work.

Everything is on such a profuse scale—so many trees, flowers, apple trees, fields full of drying grain and load after load being hauled in each day, hour after hour, to the elevator in the barn. Of course, there are cows and horses and chickens but nobody around the house seems to have to do anything about them. There are houses scattered around the place where the men and their families live who do the work on the farm under the supervision of a foreman and Herr E.

We are both a bit discouraged about the speed at which we are *not* learning Swedish, but that is foolish as no one could possibly learn very much in one week and, under these conditions, it is a bit confusing. It is too bad we wasted so much time this summer, but then we didn't know. In my spare moments, which do not seem to be many I am knitting a pair of socks for Fru E., yes, for soldiers!

This morning, while we were peacefully pasting labels on honey jars, the foreman rushed in with a very worried face and I gathered that there had been an accident and while Fru E. ran to telephone for an ambulance, I was told to follow the foreman which I did as fast as I could, on a bicycle, for half a mile or so, to find an oldish man lying in a pool of blood. No one seemed to know for certain what had happened, but I gathered that he had fallen on a cement floor. I felt that possibly he had fractured his skull and, as it turned out, he had. There was really little to do till the ambulance turned up, which it did fairly soon, thank goodness.

Fru E. is making me read aloud from one of the children's books which is a good idea but must drive her nearly frantic. She "hears me lessons"—words and sentences which I learn—and her patience really seems to be unlimited.

My only English book is "The Importance of Living" which is very satisfactory. There is one by Dorothy Sayers, in Swedish, and some fine day I am going to read it. At the moment, it is too slow going for a Dorothy Sayers. It was amusing to see the books translated into Swedish in the book stores in Stockholm; there are many of Eleanor Glynn and Ethel M. Dell is also well represented. However, that is not quite a fair picture, as apparently many of the new and old good books are known and read. I was in a home the other evening where there were many fine books translated from English and French and Russian authors, in fact, real classics. I only wished that I had been able to borrow and read them.

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*Kohlby Gaard*

*November 24th, 1940*

Dear M:

As you see I am still at Kohlby, and expect to be till the new year. It will be rather fun seeing how Christmas is celebrated in a Swedish home. My Swedish is growing slowly. I have read one book and half of the one by Dorothy Sayers and now am struggling along in the first of Gulbranson's three which I have already read in English. I am getting to the point where I can make myself understood most of the time and can follow casual conversations pretty well. Cajar said the other day that I spoke well and pronounced my words "pa svenska", which was quite a compliment! She is at the very intolerant stage of development, so I was properly thrilled.

I have been to the Island of Oland. It is a two-hour boat trip from Kalmar to Borgholm. There are the remains of an old castle and, a mile or two from the town, the modern and very "Ita-

lianiska" castle where the Royal family spends part of each summer. We brought a picnic lunch and laid the things out on a bench by the side of the road and stood round munching happily, in a nice drenching shower, clutching an umbrella in one hand and food in the other.

On Monday, we were invited to V— to see the horses which they breed there. This is another large Gaard which has been in the family for hundreds of years and there is a title and crest floating around somewhere. Some of the buildings are 300 years old, huge and in good repair and used till this day. We saw the horses and, as it was meal time, down the narrow raised walk between the large box-like stalls the necks and heads moved and curved amid the sound of munching and crunching which filled the air. After this we visited the pigs and again it was meal time, only here the food was later arriving and about 150 pigs, big pigs, medium pigs and little pigs were breaking the air into incredible tatters and volumes of sound. One vicious animal stood on her hind legs and grunted and snarled at us, if a pig can snarl. She had recently eaten her whole litter of nine. She looked that sort.

There is a second house on Kalmar Sound where the mother of the family lives. It is the oldest timber house in Sweden and has never burned down. It has been renovated inside and has the most beautiful lines. The windows along one side look over the water of the sound and, in the distance, the long low line of Oland stretches like a smudge of smoke along the horizon.

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News flash! I have just heard I have a job and leave here in a day or so for Falun. I shall be at the Hogbo Sanatorium. I get 106 kronor per month



(about \$26), with free board, lodging and laundry, which is good pay in this part of the world. Falun is the big town of the Dalarna district and is north and a little west of Stockholm. They say the country is beautiful and the old ways

and traditions of Sweden still live on there. I shan't see Christmas in a Swedish home after all, but they celebrate in the hospitals too and perhaps it will be just as well to be working.

(To be continued)

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## In Honour of Miss Samuel

The members of the School for Graduate Nurses, McGill University, were recently privileged to meet Miss Mary Samuel and to ask her to be the first to sign the School Guest Book, which was a gift from this year's students. A feature of this visit was the placing of her photograph in the library to take its place among those of other nursing leaders, who have been friends and benefactors of the School. This pleasant duty was performed by Miss Palliser, who was enrolled in the teaching and supervision course when Miss Samuel was on the staff of the School and who is at present undertaking a course in hospital and school of nursing administration.

Miss Samuel has a capacity for strengthening one's philosophy, and undoubtedly influenced all her listeners as she wove the threads of her personality into our life patterns. She has left with us hope for the future, and a plea for calmness of outlook. The long perspective of which Miss Samuel spoke, reminds us of a statement, made by A. G. Keller, and quoted by Dr. Bagley in his book, *Education and the Emergent Man*: "Providence is so slow and our desire so impatient; the work of progress is so immense, and our means of aiding it so feeble; the life of humanity is so long and that of the individual so brief, that we often see only

the ebb of the advancing wave, and are thus discouraged. It is history that teaches us to hope."

Such faith has been characteristic of all leaders, and we are proud to know Miss Samuel as a foremost leader in nursing. She was born in Hamilton, Ontario, and received her formal education in Montreal, in Nîmes in France, and in Edinburgh. She graduated from the New York Hospital School of Nursing in 1893, and subsequently rendered



MARY A. SAMUEL

outstanding service as assistant superintendent and matron in the Post-Graduate Hospital in New York. She then became superintendent of nurses and principal of the School of Nursing of the Roosevelt Hospital, New York, and later was appointed superintendent of nurses and principal of the School of Nursing at Lakeside Hospital in Cleveland. Upon her return to Canada she served as a social service worker with the Canadian Patriotic Fund in Montreal and during 1918 was invited to become a member, for a period of four months, of the staff of the Army School of Nursing in Washington, D. C. From 1920 to 1927, Miss Samuel assisted Miss Madeline Shaw to organize the School for Graduate Nurses in McGill University; she served as instructor in administration and made a most valuable contribution to the development of the school.

With a twinkle in her eye and a note of satisfaction in her voice, Miss Samuel told of how the old order changeth, yielding place to new; of how democracy was replacing traditional military trends in nursing and lending itself to a firm foundation for development and continuous growth. We particularly enjoyed hearing her personal experiences and her introduction to night duty was perhaps the most striking. It was then customary to keep secret proposed changes of duty and there had to be an element of surprise, as though a shock were good for the soul of a nurse and within the short period of twenty-four hours, a nurse sometimes found herself as head of a new and strange ward for a term of eight months night duty.

The question of textbooks was no problem when Miss Samuel was a student. Every conscientious nurse carried with her a copy of Clara Weeks "Text-

book of Nursing" and, as medicine became more complex, it was necessary to add a second book, "Materia Medica", by Lavinia Dock. Nursing service, and not nursing education, was stressed during Miss Samuel's training period and, although a certain amount of book knowledge was gleaned, she realized that her growth was greater following her student days than during them. It was interesting to hear Miss Samuel compare her training days with our present approved hospital and university schools and with the departments of nursing in Canadian universities which offer such excellent facilities for post-graduate study.

Miss Samuel is proud of her association with the McGill School for Graduate Nurses and welcomes every opportunity to revive memories and renew acquaintances. In her own words, her latest visit made her feel years younger and took her back to days when she was helping to put the school on its feet. The students of the School were able to become acquainted with her in the library, where we all enjoyed tea and a sing-song before an open fire and we gratefully thank our instructresses, Miss Lindeburgh and Miss Mathewson, for arranging such a happy occasion.

Miss Samuel has a personality which is attractive and inspiring, and in her one is able to detect a sense of inward peace and a faith in mankind. She is so charming and unassuming in her relationships with people, that to speak with her makes one recall the poem, "The House by the Side of the Road", wherein the plea is made to be a friend to man, and it is readily seen that this has been her way of life.

EVELYN ARCHER,  
*President, Class of 1942,*  
*McGill School for Graduate Nurses*



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## STUDENT NURSES PAGE

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### Nursing Care in Colostomy

SHEILA MINGIE

*Student Nurse*

*School of Nursing, Royal Victoria Hospital, Montreal*

Mrs. S. was recently admitted to one of the surgical wards in the Royal Victoria Hospital. She is 53 years of age and has lived the greater part of her life in Canada. She has no recollection of childhood diseases and has never had a serious illness or accident.

The patient's present condition noticeably dates back four or five months when she first noticed blood in her bowel movements. The doctor who was then looking after her gave her oil and said it was probably due to haemorrhoids. Bleeding was not continuous and several days sometimes elapsed without flow but Mrs. S. began to be very worried about her condition and was re-examined by her doctor who performed a proctoscopic examination and advised the patient to enter hospital. On admission, the stools were still streaked with blood.

Mrs. S. is an intelligent and co-operative patient who has managed to build up a remarkable composure. She was in no pain or distress. A physical examination was performed and a diagnosis made of carcinoma of the rectum, rectal polypus, and mild essential hypertension. A medical consultation was requested but this disclosed no contra-indication to the operation which took the form of an

abdomino-perineal resection. On the table, the patient received a transfusion of 600 c.c. of whole blood and 800 c.c. of glucose saline. Her post-operative condition was good and she was given morphine and codeine every four hours in appropriate doses. Soludagenan was also administered twice daily, and she received an intravenous of 1500 c.c.

Nasal suction drainage was started the following day and the stomach was washed out with normal saline. Then the colostomy was opened and a vaseline dressing applied. The patient was unable to void and was catheterized every ten hours. Standard blood pressure readings were recorded. Spinal precautions were carried out and routine carbon dioxide bag was given. The nasal suction was removed the next day and the colostomy began to function. A day later the posterior incision was irrigated and re-packed. The second time this was changed it was irrigated with hydrogen peroxide and liquid paraffin packing was inserted. Later, the colostomy began to give some trouble due to frequent liquid movements. This responded to Bismal in appropriate doses.

Mrs. S. progressed satisfactorily and was soon well enough to be transferred to the Convalescent Home. In caring

for her, we nurses found good opportunities for health teaching. We were able to show her how to regulate the colostomy and dress it so that there

would be no fear of embarrassment. She was a very willing and co-operative patient who benefited from observation and took pride in helping herself.

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### Refresher Course in Child Hygiene

A refresher course in child hygiene will take place at the School of Nursing of the University of Toronto, from May 18 to 23, inclusive. The topics dealt with are both pertinent and useful, especially to public health nurses. The general content will include lectures on the clinical and preventive aspects of the following selected fields: the eye, Dr. J. F. A. Johnston, senior demonstrator in ophthalmology (consultant to C.N.I.B.); the ear, Dr. Geo. A. Fee, demonstrator in otolaryngology (consultant to National Society of the Deaf and the Hard of Hearing); the skin, Dr. H. A. Dixon, senior demonstrator in medicine; orthopaedic conditions, Dr. John L. McDonald (consultant to Ontario Society for Crippled Children); heart disease, Dr. John Keith, junior demonstrator in paediatrics. Dr. J. T. Phair, chief medical officer, Department of Health, Ontario, will speak on the administrative problems associated with these fields. Lectures on the newer developments in nutri-

tion will be given by Dr. E. W. McHenry, associate professor of physiological hygiene. The mental hygiene of the preschool child will be dealt with by Mrs. G. C. V. Hewson, and that of the adolescent by Prof. J. D. Ketchum, assistant professor of psychology. Dr. C. M. Hincks, director of the National Committee for Mental Hygiene, will speak on child conservation in a war situation. Round tables will afford an opportunity for the discussion of the contribution of public health nursing to the following fields: the child of preschool age; the child in the elementary school; the child in the secondary school. Observation visits to certain activities will be arranged as desired. This refresher course is open to all registered nurses who are interested in child hygiene. No credits will be given for this work nor will any certificate be awarded. Application should be made to the secretary, School of Nursing, University of Toronto. The fee will be \$7.00.

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### Postgraduate Courses Offered by the R.V.H.

The School of Nursing of the Royal Victoria Hospital, Montreal, is now planning to offer four additional postgraduate courses in nursing. These will be arranged in general surgery, general medicine, urology, and in ophthalmology and oto-laryngology.

The courses will be four months in length and will include lectures and classes in anatomy and physiology, bacteriology, materia medica and nutrition as related to the course. Clinical teaching will include general nursing care in the wards, special therapies, medical clinics and medical rounds utilizing the wards, the out-patient and social service departments. It is also intended to include

some practice teaching on the wards.

An additional instructor will be added to the teaching staff to direct these courses, which will be open to only a limited number of well qualified registered nurses. A registration fee will be charged. The letters of inquiry which come regarding opportunities indicate clearly the need for the development of more postgraduate courses in Canada. Postgraduate courses are already being given in operating room technique and management, in obstetrics and gynaecology (at the Royal Victoria Montreal Maternity) and in neurology and neuro-surgery at the Montreal Neurological Institute, McGill University.



## Book Reviews

**Ward Teaching**, by Anna M. Taylor, M.A., R.N., Supervisor of clinical instruction and staff nurse instruction, Massachusetts General Hospital. Illustrated. 304 pages, including index. Published by J. B. Lippincott Company; Canadian Office: Medical Arts Bldg., Montreal. Price, \$4.25.

In the preface to her book, the author states: "this book is written as a source of reference for the head nurse, supervisor, and ward instructor, who spend many hours daily in improving the nursing care of the individual patient through individual and group ward teaching. This is a tool book which the head nurse should find useful in planning and conducting her ward-teaching program, in planning ward-teaching records, and in instructing students in the care of patients." The contents have been carefully organized into three parts. In the first, called "Fundamentals of the Ward-teaching Program," the essential requirements of this work are discussed fully including the absolute necessity for planning; this would include the total program and that of the head nurses of individual clinical services. A detailed teaching outline for medical wards is given on pages 56-64; and a brief teaching outline for an orthopedic ward on pages 54-56. The second part is headed "Methods and Practices of Ward Teaching." Here valuable suggestions may be gleaned for the carrying out of group and individual conferences, nursing clinics and demonstrations. Considerable thought has been given to the educational value to the nurse of nursing-care plans, nursing-care studies and patient assignment and to the resulting improvement in the nursing care which the individual patient receives. The third part presents supplementary materials in which records are considered briefly and examples are given.

Young clinical instructors will find much to help them in this admirable book. As against its merits one might draw attention to one disappointment, namely the narrow treatment of the difficult subject of questioning. Miss Taylor has given a detailed

record of a ward teaching program which has been carried out for several years. There is evidence of marked co-operation between the many members of staff, of adequate time provision for teaching, and of thought in securing a teaching room within the ward and for obtaining teaching materials. Truly she has created a tool book and as such it will be much appreciated by those many nurses responsible for the instruction of student nurses.

M. JEAN WILSON,  
*Clinical Instructor,  
School of Nursing,  
University of Toronto.*

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**Report of the Committee on Nursing and Nurse Education in Canadian Hospitals**, by Kathleen W. Ellis, B.Sc., Reg. N. (Chairman). Bulletin No. 36. Published by the Canadian Hospital Council, 184 College St., Toronto. Price, 25 cents.

This bulletin is a veritable mine of information concerning nursing service and education in Canada and appears at a most opportune moment. The subject matter is arranged under the captions of nursing service; university affiliations and relationships; the school of nursing; the stabilization of nursing service; enrolment of nurses for war and emergency service; special problems. In the foreword, Miss Ellis defines the aim of the report as follows: "This committee wishes to reaffirm the statement, made on so many occasions, that most of the problems facing the profession of nursing cannot be solved by nurses alone. It is true also that many *hospital* problems call for collaboration and co-action." Superintendents of hospitals and directors of nursing services will study this report most carefully and will surely bring it to the attention of the members of boards of directors and medical staffs.

The members of the committee who co-operated with Miss Ellis in preparing this report are: Miss Margaret Fraser, superintendent of nurses, Royal Alexandra Hospital, Edmonton; Miss Lena Mitchell, direc-

**REGISTRATION OF NURSES**

Province of Ontario

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**EXAMINATION  
ANNOUNCEMENT**

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An examination for the Registration of Nurses in the Province of Ontario will be held on May 27th, 28th, and 29th.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

**ALEXANDRA M. MUNN, Reg. N.,**  
Parliament Buildings, Toronto

tor of nursing, Royal Jubilee Hospital, Victoria; Dr. H. Coppinger, superintendent, Winnipeg General Hospital; Miss Gertrude Hall, executive secretary, Manitoba Association of Registered Nurses; Rev. Sister M. St. Elizabeth, St. Joseph's Hospital, London, Ont.; Miss Frances Upton, executive secretary and registrar, Association of Registered Nurses of the Province of Quebec; Rev. Sister Mary Peter, St. Joseph's Hospital, Glace Bay, N.S.; Miss Marion Boa, Reg. N.

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**Teamwork in the A.R.N.P.Q.**

It is always gratifying to be able to satisfy an expressed need so, when the English-speaking hospital and school of nursing section of the A.R.N.P.Q. were invited by the English-speaking public health section to demonstrate some new nursing procedures, a cordial assent was given. Under the joint auspices of the two groups an excellent program was recently presented on two successive evenings. A general invitation was issued to all nurses and the attendance was very large. At the first session, held at the Montreal Neurological Institute, Dr. W. H. Bridgers, assisted by Miss B. Cameron, clinically demonstrated tidal or bladder drainage. Dr. Bridgers and Miss Cameron also demonstrated the local use of sulpha drugs, and Dr. Bridgers presented the case of a little patient, fourteen months of age, with a diagnosis of cerebro-spinal meningitis; thanks to the alertness of Miss Mary Jowsey, the Victorian Order nurse who had visited the child in his home, the early symptoms were promptly recognized and after treatment with the sulpha drug, the patient showed immediate and marked improvement.

At the second session, held at the Royal Victoria Hospital, Dr. D. Boyd first spoke on the history of blood transfusion and then demonstrated the newer methods, assisted by Miss Barbara Broadhurst, head nurse in the women's surgical ward of the Montreal General Hospital. The functions and mechanics of the Heidbrink oxygen tent were presented by Miss Elsie Alder, and Miss Winnifred

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**WANTED**

**A modern 220-bed Hospital**  
employing an all-graduate  
staff invites applications for  
the following positions:

- (a) **A qualified Operating Room Nurse**
- (b) **General Duty Nurses**

Apply to:

**Superintendent of Nurses**  
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**MONTREAL, P. Q.**



MacLean demonstrated the use of the carbon dioxide bag and of nasal suction drainage. All these demonstrations were given with marked efficiency and great skill. It is hoped that the full text of some of the lectures will appear in subsequent issues of the *Journal*. The enthusiastic response of the audience gave convincing proof that it had been well worth the effort put forth by the hospital group to meet the needs of those engaged in other fields of nursing.

MARTHA BATSON,  
*Convener: Hospital and School of  
Nursing Section, A.R.N.P.Q.*

## M.L.I.C. Nursing Service

The M.L.I.C. staff of the McGill Nursing Office in Montreal recently gave a delightful dinner in honour of Miss Emma Rocque who has just completed twenty years of faithful service with the Company in the capacity of local supervisor. For the past five years Miss Rocque has also served as local field supervisor in the Province of Quebec. Miss Alice Ahern, M.L.I.C. assistant superintendent of nursing, was present, and read a congratulatory telegram from Dr. Burnette, expressing the Company's hearty appreciation of Miss Rocque's fine record. Miss Rocque has taken postgraduate courses at l'Ecole d'Hygiène Sociale Appliquée, Université de Montréal and, prior to organizing the M.L.I.C. service in the city of Quebec, was a member of the nursing staff of the Victorian Order of Nurses and later did social service work at the Royal Edward Institute. This well deserved tribute has given great pleasure to her many friends.

Miss Willa Ahern (Ottawa General Hospital, 1935, and public health nursing course, McGill School for Graduate Nurses, 1936) recently resigned from the Montreal staff to join the R.C.A.M.C. as nursing sister. Miss Ahern is at present on duty in Military District No. 3, Kingston.

Miss Helene Bernard (Hotel-Dieu Hos-

## UNIVERSITY OF WESTERN ONTARIO

Division of Study for  
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For information apply to:

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Division of Study for Graduate Nurses

**FACULTY AND INSTITUTE OF  
PUBLIC HEALTH  
London, Canada.**

## AN INSTITUTE FOR SUPERVISORS, HEAD NURSES, AND GENERAL DUTY NURSES

Under the auspices of the Manitoba Association of Registered Nurses, Miss Ida MacDonald, B.A., R.N., of the University of Minnesota, will conduct an Institute for supervisors, head nurses, and general duty nurses, from Monday, April 27 to Thursday, April 30, at the University of Manitoba, Broadway Avenue, Winnipeg.

The teaching schedule covers a period of two days and will be given twice. Two groups of nurses, from each hospital, could, therefore, be released successively in order that all might attend.

All nurses interested in taking advantage of this opportunity are requested to write or telephone to the Executive Secretary, Manitoba Association of Registered Nurses, 212 Balmoral Street, Winnipeg.

**WANTED**

Applications are invited for the position of Assistant Superintendent in a 125-bed hospital in interior British Columbia, maintaining an all-graduate nursing staff. A Registered Nurse, having X-ray or operating room experience, is preferred. The salary is \$90 a month, with full maintenance. Apply in care of:

Box 14, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

**WANTED**

A Superintendent of Nurses is wanted for a 228-bed, fully standardized general hospital, with training school. The salary commences at \$175 per month, with maintenance. Apply to:

H. H. Browne, Superintendent, McKellar General Hospital, Fort William, Ont.

**WANTED**

A Registered Record Librarian is wanted for a 150-bed hospital; a graduate nurse is preferred. Apply, stating qualifications, age, experience, and salary expected, to:

Miss Edna G. McKinnon, Superintendent, Port Arthur General Hospital  
Port Arthur, Ont.

pital, Montreal, 1929, and public health nursing course, University of Montreal) has resigned from the Quebec staff to be married.

Miss Louise Simoneau (Notre Dame Hospital, Montreal, 1927) has been transferred from the Montreal staff to the Quebec City staff.

## Ontario Public Health Nursing Service

Miss Jean O. Allison (Regina General Hospital and University of Toronto public health nursing course) has been appointed to the staff of the Oshawa Department of Health from which Miss Isabelle Tyndall has resigned.

Mrs. D. Shapter, née Armstrong (Victoria Hospital, London, and University of Western Ontario public health nursing course) has resigned as school nurse with the Board of Education at Guelph.

Miss Vera R. Kennedy, B. Sc. (Victoria

Hospital, London, University of Western Ontario public health nursing course, and B.Sc. New York University) has been appointed to the school nursing staff in Oxford County.

Miss Mary E. Scott (Hospital for Sick Children, Toronto, and University of Western Ontario public health nursing course) has resigned from the Hespeler Visiting Nurse Association to accept the position of public health nurse at Simcoe.

Miss Elizabeth Earshman (Belleville



General Hospital and public health nursing course, McGill School for Graduate Nurses) formerly public health nurse, Board of Education, Belleville, has been called for military service.

*Miss Clara S. Kittmer* (Woodstock General Hospital and University of Western Ontario public health nursing course) has resigned from the Board of Health Service at Owen Sound, and has accepted a position in industry at Pickering.

*Miss Ruby Cronk* (Toronto General Hospital and University of Toronto public health nursing course, combined) has been appointed public health nurse at Renfrew.

*Miss Jessie F. Smith* (Toronto General Hospital and University of British Columbia public health nursing course) who has been public health nurse at Cochrane for two years, has resigned.

*Miss Margrethe J. Crowe* (Toronto General Hospital and University of Toronto public health nursing course) has resigned from the Department of Health staff at Woodstock.

## Victorian Order of Nurses

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Mrs. Robert Thorpe* (Anne McKenzie), a graduate of the Victoria General Hospital, Halifax, and of the course in public health nursing, McGill School for Graduate Nurses, who resigned from the Order in 1940 to be married, has been reappointed to the Halifax Branch.

*Mrs. W. H. H. Moffat* (Nan McMann) has been appointed to the Montreal Branch as an assistant supervisor. A graduate of the Springfield Hospital, Springfield, Mass., and of the course in public health nursing, Dalhousie University, Mrs. Moffat was at one time a National Office Supervisor in Western Canada.

*Miss Jean Shirley*, a graduate of the Victoria Hospital, London, and of the University of Western Ontario with the degree

## McGILL UNIVERSITY

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The following one-year certificate courses are offered to graduate nurses:

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#### PUBLIC HEALTH NURSING

#### ADMINISTRATION IN HOSPITALS AND SCHOOLS OF NURSING

#### ADMINISTRATION AND SUPERVISION IN PUBLIC HEALTH NURSING

For information apply to:

School for Graduate Nurses  
McGill University, Montreal.

## ROYAL VICTORIA HOSPITAL SCHOOL OF NURSING MONTREAL

### Courses for Graduate Nurses

(1) A three-months course is offered in Obstetrical Nursing. (2) A two-months course is offered in Gynecological Nursing. For further information apply to Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital.

(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

of Bachelor of Science, has been appointed to the London Branch.

*Miss Elizabeth J. MacDonald*, a graduate of the General Hospital, Saint John, N. B., and of the course in public health nursing, McGill School for Graduate Nurses, has been appointed to the Newcastle Branch. Miss MacDonald was formerly in charge of the International Grenfell Hospital at Cartwright, Labrador.

*Miss Martha Earle* has been transferred from the Newcastle Branch to be nurse-in-charge of the newly organized branch in Gananoque.

*Miss Grace Versey*, formerly nurse-in-charge of the Oshawa Branch, has been transferred to be nurse-in-charge of the East York Branch.

*Miss Edith G. Hill*, formerly nurse-in-charge of the Galt Branch, has been transferred to be nurse-in-charge of the Oshawa Branch.

*Miss Ruth Taylor* has been transferred from the Hamilton Branch to the Calgary Branch.

*Miss Vivian Smith* has resigned from the Toronto Branch and *Miss Nettie Garfield* has resigned from the Calgary Branch to join the R.C.A.M.C. Nursing Service.

*Miss L. McAllister* has resigned from the Westbank Branch, British Columbia, and *Miss Margaret Carrothers* has resigned from the London Branch to be married.

*Miss Doris Jackson*, from the East York Branch, is on leave of absence from the Victorian Order of Nurses.

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## The A.R.N.P.Q. Meets in the City of Quebec

One could not imagine a more beautiful setting for a happy gathering of busy and anxious nurses in these troublesome times, than the lovely old City of Quebec, and the members of the A.R.N.P.Q. were recently afforded such an opportunity because of the friendly request received from a group of our French-speaking members in that city.

In the afternoon, an open meeting of the Board was called to order by the president, Miss Eileen C. Flanagan, to which were welcomed the directors of nursing in hospitals and public health services, instructors and supervisors in both groups, presidents of alumnae associations and others whose interest in the welfare of nursing and nurses is always assured. Greetings were extended in both languages by Mlle Maria Beaumier, a member of the Advisory Board of our Association. The officers were introduced to the audience by the president and by the French vice-president, the Révérende Soeur Valérie de la Sagesse.

The meeting was informal and friendly. Discussion was encouraging and proved that our nurses are eager to know more about

the value and accomplishments of organized effort to which greater personal contribution could and would be made if and when the individual nurse is accorded sufficient opportunity. The members learned that reciprocity has been established between our organization and the General Nursing Council for England and Wales, a fact we have hoped for many a long day. We also heard a good deal about the plans for the General Meeting of the Canadian Nurses Association to be held in Montreal in June, and that the date for our own twenty-second annual meeting has been set for May 15th, one day only, in order to conserve time and energy for our preparations as hostesses to the C.N.A.

After the meeting adjourned, we were delightfully entertained at high tea at the Jeffery Hale's Hospital, as guests of the J.H.H. Alumnae Association. The president, Mrs. A. W. G. Macalister, received, assisted by Miss Mae Lunam, acting director of nursing. We were escorted to the evening session at Hôpital de l'Enfant-Jésus in buses provided by our hostesses.

The evening session was called to order by the French vice-president, Rév. Soeur



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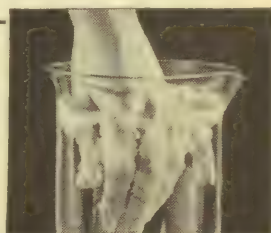
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Valérie de la Sagesse. Among those seated on the platform were Msgr. Gagnon, Vice-Rector of Laval University, Miss Flanagan, president of our Association, and Rév. Soeur Gérard Majella, Superior, Hôpital de l'Enfant-Jésus. Miss Marion Nash introduced Miss Johns, who spoke in French, and dealt with the national and the international relationships of our Association. Mlle Alice Albert presented a colourful picture of the purpose of our bi-lingual organization, indicating in no uncertain terms that only in the spirit of real unity of purpose can we overcome obstacles and achieve our aims. Mlle Suzanne Giroux followed by giving, in her own inimitable way, a review of our problems and plans to overcome them. Miss Kathleen Ellis, the Emergency Nursing Adviser recently appointed by the Canadian Nurses Association, briefly described her mission and expressed appreciation of her reception throughout our province which she has been visiting for some time. Discussion was led by Miss Fanny Munroe, director of nursing, Royal Victoria Hospital, and Honourary Treasurer of our Board; and by Mlle Maria Roy, director of nursing of the Montreal Department of Health and a member of our Board. Contributing to the lively discussion were Miss Vera Graham, director of nursing,

Homoeopathic Hospital, Montreal; Miss Marion Nash, educational director, Greater Montreal District, Victorian Order of Nurses; the Misses Grace McMaster and Flora Morony of the Jeffery Hale's Hospital staff and Mlle Julianne Labelle. Mlle Maria Beaumier and Mlle Marguerite Taschereau graciously expressed appreciation to the speakers. The Rév. Soeur Valérie offered our thanks to our hostess, the Rev. Sister Superior of Hôpital de l'Enfant-Jésus. Msgr. Gagnon closed our meeting with a few well chosen words, expressing in both languages belief in the value of our contribution to society.

On the following day we were guests at a delightful reception, given at Spencerwood, in our honour by Lady Fiset, wife of the Lieutenant Governor of the Province of Quebec. And so another happy experience ended, and we came away refreshed in body and spirit. It was with great reluctance that we bade *au revoir* to old Quebec, where dazzling white snow was piled high above the fences and brilliant sunshine lighted up the ancient citadel and cast a warm glow throughout the lengthening days.

E. FRANCES UPTON, R. N.,  
*Executive Secretary and Registrar,*  
*A.R.N.P.Q.*

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## NEWS NOTES

### ALBERTA

#### CALGARY:

##### *Calgary General Hospital:*

At a recent meeting members of the Calgary General Hospital Alumnae Association heard an interesting address on air raid precaution measures by Mrs. D. E. Corkill. During the first week of February the Alumnae Association provided entertainment for men of the forces at the Red Triangle Hostess Club of the Y.M.C.A. A Sunday afternoon tea, an informal tea dance, and a Saturday night dance comprised a satisfactory program.

### BRITISH COLUMBIA

#### VANCOUVER:

A meeting of the Registered Nurses Association of British Columbia was held recently at St. Paul's Hospital to consider the revision of the Registered Nurses Act. The proposed revision was approved by the meeting for presentation to the Legislature. Dr. George Davidson, Provincial Department of Welfare, who gave valuable assistance in the preparation of the final revision, was present and was able to clarify many points that were discussed.



## MANITOBA

## WINNIPEG:

*Winnipeg General Hospital:*

Miss Elizabeth Crichton (1937), Miss Eva Toews (1940), and Miss Elizabeth Hodge (1941) are serving as nursing sisters with No. 3 Casualty Clearing Station, R.C.A.M.C. Miss Bonnie Dundee (1940) has enlisted with the Royal Canadian Naval Nursing Service. Mrs. Edith Maloney (Edith Cooke, 1925) has left Winnipeg to accept a hospital position in Hollywood, California. Miss Allison Roberts (1941) has left for San Antonio Mines to take charge of the hospital there. Miss Eileen Robinson (1938) has accepted a position in the office of Dr. Elinore Black.

Married: Recently, Miss Agnes Felske (1941) to Dr. J. Isaac.

## NOVA SCOTIA

## KENTVILLE:

A recent meeting of the Valley Branch, R.N.A.N.S., was recently held, and took the form of a business session. A delicious lunch was served later by the nursing staff of the Blanchard-Fraser Hospital.

Miss Cynthia Horsnell and Miss Jessie Smith, formerly on the staff of the Blanchard-Fraser Hospital, are taking post-graduate courses at the Ladies College, Toronto.

## ONTARIO

## DISTRICT 1

## WINDSOR:

The annual meeting of the Alumnae Association of the School of Nursing of the Hotel-Dieu de St. Joseph took place recently with a large attendance. The guest speaker was the Honorable Dr. Raymond Morand who strongly impressed upon those present the necessity of personal sacrifice, the value of preparedness in a state of emergency, and the extra calls upon nurses both now, while the country is at war, and after the war is over. The president, Miss Ellen Cox, appealed to the nurses who had not already joined the Registered Nurses Association of Ontario to do so before the annual convention which will be held in Windsor this spring. Miss Margaret Lawson, secretary-treasurer, read the annual report, showing a balance of \$211.13, after a very

APRIL, 1942

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"little  
things"  
patients  
call  
important!



**More patients use Palmolive at home  
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## THREE FAMOUS PRODUCTS FOR BABY CARE



To nurses and mothers alike, one of the most important factors in baby care is the choice of *reliable* toilet preparations.

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All three of these products are prepared particularly for use in the Nursery and are hygienically manufactured to measure up to clinical standards.

You may recommend Baby's Own Products with confidence.



busy and successful year. Special guests at the dinner were Miss Marjorie McCutcheon, representing the Victorian Order of Nurses, and Miss Mabel Hoy, the public health nurses.

The executive for the coming year are as follows: Honourary past president, Sister Marie de la Ferre; honorary president, Rev. Mother Claire Maitre; president, Miss Ellen Cox; first vice-president, Miss Julia Byrne; second vice-president, Miss Joan Duck; secretary, Miss Meta Beaton; treasurer, Miss Margaret Lawson; corresponding secretary, Sister Marie Roy; committee for visiting sick members: Misses Mary May and Blanche Beuglet. Meetings are held every second Monday of the month.

### CHATHAM:

#### *St. Joseph's Hospital:*

The beautiful new four-storey red brick nurses residence, built adjacent to the original residence, has been completed and is much appreciated by the student nurses. It affords accommodation for 70 students, with spacious reception, library, and recreation rooms. Every nurse has her individual wardrobe, chest of drawers, and desk, and the furnishing of each floor is carried out in a particular colour scheme. The residence is the fulfilment of a long felt need and the Sisters are to be complimented on their achievement.

Sister Valeria, assistant instructress of nurses, attended the refresher course recently held at the University of Western Ontario. The annual "Snow Ball", sponsored by the Alumnae Association, realized a worthwhile sum, and a substantial cheque was sent to the R.N.A.O. for the British Nurses Relief Fund. At the weekly meetings of the Alumnae Association considerable work has been accomplished in aid of the Chatham Branch of the Red Cross.

The following marriages have recently taken place: Ida Poissant (1931) to Wilfred Mulhern; Margaret Miller (1939) to James Fox; Doris Stacey (1941) to Truman Hunter; Donna MacDonald (1941) to Pvt. William Davis.

### DISTRICTS 2 AND 3

#### GUELPH:

The regular mid-winter meeting of Districts 2 and 3, R.N.A.O., was held recently in Guelph, with 80 members present. The program consisted of a business meeting, a talk by Miss Fidler on staff education, vocal solos by Miss Baillie, student nurse of Guelph General Hospital, and a very interesting talk from Dr. Little on medical and nursing service in Japan. A quiz program



proved amusing, informative, and relaxing. At the close of the meeting the members were guests of the Alumnae Association of Guelph General Hospital at supper.

Miss Sylvia Hallman is at present on the staff at Freeport Sanatorium, and her many friends are glad to see her back in Districts 2 and 3. She made a definite educational contribution when she organized the circulating library which gives service to many nurses who desire wider knowledge of professional and non-professional subjects. Nurses are requested to collect books, either as a loan or donated, for the library. At present, Miss Watson, of Guelph General Hospital, is in charge.

The following nurses, included in the second group of Canadian nurses chosen for military nursing service in South Africa, have arrived safely at their disembarking station:

Miss Evelyn Hopkinson (Galt General Hospital), formerly supervisor of obstetrics, Galt General Hospital; Miss Hazel Blagden (Galt General Hospital), formerly engaged in private duty, and for the last two years in industrial nursing; Miss Hilda Teather (Galt General Hospital), who was night supervisor of Galt General Hospital for four years, and formerly a member of the staff of Freeport Sanatorium.

#### BRANTFORD:

##### *Brantford General Hospital:*

At a recent meeting of the Alumnae Association of the Brantford General Hospital, the members voted for the purchase of a \$100 Victory Bond. The Alumnae Association sponsored a Rex Battle concert during the month of March. The free hospitalization scheme has been under discussion in Brantford.

The following marriages have recently taken place: Miss M. Robertson (1932) to Mr. Lorne Sturgeon; Miss M. Eddy (1940) to A/C Arthur Axford; Miss T. Heard (1938) to Mr. Richard Lazorka; Miss D. Montgomery (1939) to Flight-Officer Robert King.

#### STRATFORD:

A regular meeting of the Alumnae Association of Stratford General Hospital was held recently, with the president, Miss A. Ballantyne, in the chair. Mr. E. H. Moynard, of Acton, consultant for the Baxter Laboratories, gave an interesting address on intravenous fluids with blood and plasma. He showed slides of equipment and "set up" for an intravenous.

## New *under-arm* Cream Deodorant *safely* Stops Perspiration



1. Does not harm dresses—does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
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4. A pure white, greaseless, stainless vanishing cream.
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"CROWN BRAND" and "LILY WHITE" furnish maximum energy with a minimum digestive effort—and contain a large percentage of Dextrose and Maltose. That is why they are used so successfully for infant feeding.

These famous Syrups are scientifically manufactured under the most hygienic conditions . . . they are the purest corn syrups obtainable and can be prescribed with assured good results.



## "CROWN BRAND" CORN SYRUP and "LILY WHITE" CORN SYRUP

Manufactured by THE CANADA STARCH COMPANY Limited

### DISTRICT 4

#### HAMILTON:

##### *Hamilton General Hospital:*

Miss Muriel Grapes is nursing at the Presbyterian Medical Centre, New York City. Misses Elsie Lemp, Stella Cosford, Evelyn Atkin, and Audrey Challon are on duty at Ann Arbour. Misses Eleanor Philip, Beatrice Culbert, Fern Maltby, Madeline Jeffrey, and Jessie Milton have been appointed to the staff of the H.G.H. Miss Margaret Gartrell has been appointed to the staff of the Mount Hamilton Hospital.

Married: Recently, Miss Margaret Haslam to Mr. Douglas Gates.

### DISTRICT 5

#### *Toronto Department of Health,*

##### *Division of Public Health Nursing:*

The Public Health Nurses Association recently held a banquet at which His Worship the Mayor, member of the Board of Health and the Board of Control were guests of honour. The president, Miss Clara Vale, introduced Miss Elsie Hickey, Direc-

tor of Public Health Nurses, who traced the history of the nursing department from the engagement of the first public health nurse in 1907. Lantern slides depicting the work of the public health nurses in schools, infant and pre-natal clinics, mental hygiene clinics, tuberculosis and dental clinics were shown. Mayor Conboy told the nurses that "lack of knowledge, carelessness, and lack of opportunity are the three big enemies of public health".

In addition to the activities within the Association, many of the nurses are engaged in extensive A.R.P. work. Miss Elsie Hickey has been appointed Chief Nurse Warden with Miss Zada Keefer, Deputy Nurse Warden. Assisting these two executives are eight public health supervisors. Miss Louise Tucker, former president of the Public Health Nurses Association, now represents the Association at the Women's Wartime Civic Association.

##### *Hospital for Sick Children:*

The annual meeting of the Hospital for Sick Children Alumnae Association was held recently, when the minutes of the last meeting were read and approved. A tribute



was paid to the late Mrs. Goodson, our second past superintendent to have passed away in recent months. A minute of silence was observed. Very gratifying reports were presented by conveners of committees. A vote of thanks was tendered to the retiring president who replied in a few well chosen words. The following officers were elected for the ensuing year: president, Mrs. McKenzie; first vice-president, Mrs. Wm. Keith; second vice-president, Miss M. McInnis; recording secretary, Miss Helen Booth; corresponding secretary, Mrs. Ritchie; treasurer, Miss F. Watson. The new president then took the chair, and the members of the new executive were introduced.

## DISTRICT 6

### COBOURG:

The regular meeting of Chapter B, District 6, R.N.A.O., was held recently at the Cobourg General Hospital with a good attendance. Dr. F. N. Blackwell, the guest speaker, gave an interesting talk on anaesthesia, and was thanked by Miss M. Polson. Miss J. Graham and the staff entertained at a social hour which followed. At a recent meeting, held at the Ontario Hospital, Dr. A. R. Richards was the guest speaker. He spoke on blood plasma which was most instructive, followed by a demonstration. Mrs. H. Beatty thanked the speaker. A social hour followed.

The registered nurses of Cobourg recently held a dance and bridge and donated the proceeds to the British Nurses Relief Fund.

Miss Gertrude Wishart, of the staff of the Cobourg General Hospital, and Miss Hilda Toner, of the Ontario Hospital staff, have reported for duty at Kingston with the R.C.A.M.C.

### LINDSAY:

#### *Ross Memorial Hospital:*

The annual dance of the Alumnae Association of Ross Memorial Hospital was held recently and was well attended. The proceeds will be used for war work. Mrs. Grant Terill was hostess at a bridge and the proceeds, which amounted to \$10, were given to the Red Cross.

Miss Gladys Lehigh (1937) has accepted a position as assistant superintendent at Ross Memorial Hospital. Miss Effie McIntyre (1934) is on the staff of the Red

*Even Youngsters take it Happily*



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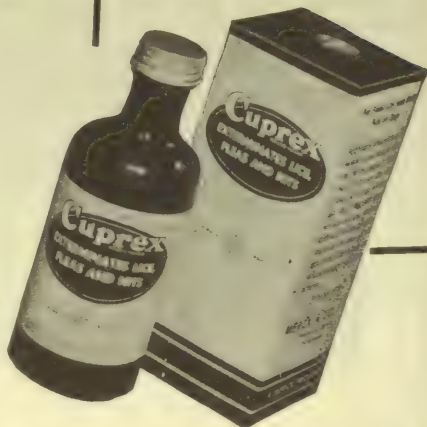
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Cross Hospital, Kirkland Lake. Miss Pauline Kirley (1932) is now doing private duty in Toronto. Miss Dorcas Herron (1938) is at the Metropolitan, Windsor. Miss Nellie Highdon (1939) is on the industrial nursing staff at John Inglis Ltd., Toronto. Miss Charlotte Penman (1938), who attended the school of nursing last year, is now instructress at Yorkton, Sask. Miss Mildred Wilson (1930) is with the R.C.-A.M.C. and is stationed at Camp Borden.

The following marriages have recently taken place: Mary Brackenridge (1937) to Russel Duac; Marion Handley (1936) to Jerry Austin; Evelyn Barry (1933) to George Edwards; Alma Irvine (1933) to Horace McDowell.

in the nursing profession, attended the meetings at which she explained the benefits of a registry. Along with a registry it is also hoped that an eight-hour day may be established.

Nursing Sister Evelyn McTavish has left the Port Arthur Military Hospital to take charge of the nurses of Casualty Clearing Station No. 3, Winnipeg. Nursing Sister Ally Malmberg, formerly on the staff of McKellar General Hospital, has joined the staff of the Port Arthur Military Hospital.

The following marriages have recently taken place: Constance Waywhite (McKellar General Hospital) to Arvo Oja; Eleanor McGregor (Port Arthur General Hospital) to A. Moulson.

**DISTRICT 10****FORT WILLIAM:**

Plans for forming a Central Registry for nurses in Fort William and Port Arthur are underway. Miss Madalene Baker, of London, chairman of the general nursing section of the Canadian Nurses Association, spent several days in the two cities, and many interested citizens, besides those

**QUEBEC****MONTREAL:***Montreal General Hospital:*

Miss Dorothy Ascah (1939) is doing industrial nursing in a large manufacturing plant in St. Paul l'Hermite. Miss Elizabeth Robertson (1923) has accepted a position as



industrial nurse with the Canadian National Railways. Misses Nora Stanton, Jean Parsons, Bernice Legere, Elsie Schroeder, and Shirley Laughlin (all of the Class of 1942) are doing general duty at the Western Division. Miss K. Miller (1942) has been appointed to the staff of the Central Division.

Here is a brief account of the activities of the various groups among the graduates: The 'wool group', headed by Miss D. Hardrill, has raised \$389 in the past year for the purchase of wool which has been knitted into garments by the group, and presented to the Overseas Parcels League for the minesweepers auxiliary. Through the personal efforts of Miss Edith Conrad (1918) who is doing private duty in New York, a mobile canteen was purchased and presented to the Mayor of the Borough of Chelsea, England. The canteen was dedicated to Princess Elizabeth and Princess Margaret Rose, and Miss Conrad expects to raise \$1000 yearly for maintaining it.

The following marriages have recently taken place: Victoria Mayville (1941) to Lieut. J. E. Murphy, R.C.A., A.F.; Irene McDonald (1940) to L/A Harold A. MacDonald, R.C.A.F.

A group of Montreal General Hospital graduate nurses, under the convenership of Mrs. F. W. Lamb, recently held a very successful "bread and butter" tea. Miss B. A. Burch, acting-superintendent of the Western Division of the Montreal General Hospital, kindly offered the use of the Nurses Home for the occasion. Valentine decorations were used in the different rooms, and the tea-cup readers and fortune-tellers were very popular with the guests. There was, also, a sale of home-made articles and the sum of \$236 was realized. This will be added to the amount already on hand, and will be sent to England to help buy aircraft.

The "Spitfire Committee" was formed in October 1940, and since that time has raised \$5448. Four thousand dollars has been forwarded to England. This amount was raised in various ways—from rummage sales a series of home-bridges, drawings, teas. A drawing for a \$50 bond and an electric Mix Master, promoted under the convenership of Mrs. L. S. Burton, netted the amount of \$1,177. The "V" Coin bag campaign brought in \$236. These were made of red material mounted with a white "V", dots and dashes, and were sent to the graduates of the Hospital with the accompanying slogan: "Save and give your dimes, dimes make dollars, dollars will buy a 'Spitfire' for Victory."

The personnel of the committee is as



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This new book covers one of the most important phases of nursing—the care and control of communicable diseases. The subject is divided into five sections, as follows: 1. Orientation to Communicable Disease Nursing. 2. Medical Aspects and Nursing Care of Communicable Diseases. 3. Tuberculosis. 4. Venereal Diseases. 5. Communicable Diseases and the Community.

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follows: Miss Dorothy Hadrill, honorary convener; Mrs. F. W. Lamb, Miss Adele Whitney, joint conveners; Mrs. H. T. Mitchell, treasurer; Mrs. M. M. Ross; Mrs. C. A. Marlott; Mrs. Donald Stewart; Miss Freda Whitney; Mrs. J. Redmond; Mrs. R. MacLean.

It is the earnest hope of the Committee that this endeavour may be extended to Alumnae of every nursing school from coast to coast. If each of the alumnae associations would form a committee to work in its individual town or city, under a central executive council, more than one 'Spit-fire' could be donated to the war effort by the Graduate Nurses of Canada.

### *Royal Victoria Hospital:*

Miss Wilhelmina Brugman (1938) is now on the staff of the Winnipeg General Hospital. Miss Mary Younge (1938) is public health nurse in St. Mary's, Ontario. Miss Rae Fellowes (1928) has resigned from the staff of the R.V.H. and has been appointed Nursing Sister at the Naval Hospital, Halifax. Miss Dorothea Cross has resigned from the staff of the R.V.H. and has been succeeded by Miss Hope Ross (1941). Miss Gladys Cowie and Miss Ruth Pyper have resigned from the staff of the Women's Pavilion.

Recent visitors at the School of Nursing included Matron N. Enright, of the R.C.-A.F. Nursing Service, and Nursing Sisters Margaret Smith, Jean Rayworth, Billie Bell, and Jean Blenkhorn.

The following marriages have recently taken place: Nursing Sister Etta Jones, of No. 1 Neurological Hospital, R.C.A.M.C. to Lieut. Col. C. A. MacIntosh, of No. 14 Canadian General Hospital, R.C.A.M.C.; Pauline Mitchell (1942) to George Hugh Miller; Katherine Fraser (1942) to Dr. Lea Steeves.

### *McGill School for Graduate Nurses:*

At a recent meeting of the Alumnae Association of the McGill School for Graduate Nurses, Professor C. S. Le Mesurier, Dean of the Faculty of Law, McGill University, gave an interesting and enlightening address on some aspects of the psychiatric treatment of criminals. The facts, revealed by Dean Le Mesurier, impressed us with the great need for reform in the present system of criminal care. We were honoured by the presence of Mrs. Reford, an honorary



member of the Alumnae Association. The Class of 1941-42 were hostesses at a social hour which followed.

#### QUEBEC CITY:

##### *Jeffery Hale's Hospital:*

At a recent meeting of the Alumnae Association of Jeffery Hale's Hospital, the members were addressed by Mrs. Vanier, recently returned from England, on present conditions in England. The Alumnae Association, the staff, and student nurses were shown recently an interesting series of motion pictures on obstetrics, tuberculosis surgery, and anemia, by a representative of the Lilli Co. A tea was given recently for the visiting nurses, who attended the A.R.N.P.Q. meeting, to enable them to meet local nurses and many graduates of the schools who are residing in Quebec.

Four of our nurses have arrived in South Africa — one in Pretoria, and three in Durban. Miss Pat Rand (1936), formerly of the Trans-Canada Air Lines, has joined the Royal Canadian Naval Nursing Service, and is stationed at Halifax. Miss Agnes MacDonald (1942), who has completed a postgraduate course in the operating room of the Western Division, Montreal General Hospital, has taken charge of the operating room in J.H.H.

To date, we have forwarded \$275 to the British Nurses Relief Fund.

#### NEWFOUNDLAND

##### ST. JOHN'S:

At a recent regular meeting of the Newfoundland Graduate Nurses Association an interesting and informative address was given by Dr. Cluny Macpherson, C.M.G., on the work of the Red Cross and Order of St. John in Newfoundland.

Adjutant Clara Vey, of Saint John, N.B., has been appointed instructress of nurses at Grace Hospital, St. John's. Adjutant Vey is a graduate of the School of Nursing, Grace Hospital, Windsor, Ontario, and has taken a postgraduate course in teaching and supervision at the School of Nursing, University of Toronto. Miss Gwen Abbott, of Grace Hospital, St. John's, has accepted the position as matron of the new military hospital at Argentina.

APRIL, 1942



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*Everybody told us we ought to go and see it . . . so we felt an anticipatory thrill as we bought our ticket for "How Green Was My Valley" . . . It was in that valley that we grew up and went to school . . . and we remember every bend of the river . . . and every winding path in the wet woods where we used to look for celandines and daffodils in the spring . . . Having neatly dodged the hateful comic strip . . . we took our seat just as a glorious Welsh choir broke into the opening chorus . . . But in a little while we began to feel uneasy . . . the valley on the screen was beautiful enough . . . but it was not our valley . . . High hills stood round about it . . . but they were not the hills of Wales . . . and the people were no more Welsh than the hills . . . We don't believe the producer had ever been inside a Welsh Chapel . . . or talked with a Welsh Nonconformist . . . or he would not have forgotten the bleak Calvinistic predestination . . . that chills the soul like the touch of an icy hand . . . The actor who played the part of the preacher had certainly never heard the "hwll" . . . that strange chanting cadence peculiar to Welsh oratory . . . and though Sara Allgood is a joy when she is with her own Abbey Players . . . her Irish brogue could never pass for the soft Welsh accent . . . As for the blond girls . . . with their empty pretty faces and shaved eyebrows . . . what were they doing in a valley where even today you may find traces of the dark Phoenician strain that persists through the centuries . . . Yet in spite of all, it was a good picture . . . tragic and passionate . . . a hundred times better than the usual run of the Hollywood mill . . . The anger and despair of the striking miners rang true . . . and the agony of the women, waiting at the pit-head for the cage to come up from the flooded mine, caught at the heart . . . The music, at least, was authentic and if we shut our eyes and did not look at the screen . . . we could see the men coming home from the mine . . . in the cool evening . . . after the day's work was done . . . What was it that we missed? . . . It must have been the sunlight and shadow of our Welsh valley . . . the misty purple heather on the hills . . . the clear swift water in the streams . . . In spite of the expert lighting . . . the harsh California sunshine seemed to wither everything it touched . . . Perhaps Mr. Darryl Zanuck has tried to do the impossible . . . it may be that the charm of a countryside is like a wild flower that dies if one tries to transplant it . . . One thing is certain . . . the soul of any people is a subtle and elusive essence . . . Only those who once lived there can ever know how green was my valley . . .*

—E. J.



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## ONTARIO

### Registered Nurses Association of Ontario

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### Prince Edward Island Registered Nurses Association

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cutive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1010, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

### SASKATCHEWAN

#### Saskatchewan Registered Nurses Association (Incorporated 1917)

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*Nursing*, Miss A. F. Lawrie, Regina General Hospital; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; *Secretary-Treasurer*, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

#### Regina Registered Nurses Association

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#### A.A., Vegreville General Hospital, Vegreville

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#### A.A., Vancouver General Hospital, Vancouver

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## A.A., Winnipeg General Hospital, Winnipeg

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## ONTARIO

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**A.A., Kingston General Hospital, Kingston**

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**A.A., St. Mary's Hospital, Kitchener**

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**A.A., Ross Memorial Hospital, Lindsay**

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**A.A., St. Joseph's Hospital, London**

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**A.A., Victoria Hospital, London**

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# THE CANADIAN NURSE



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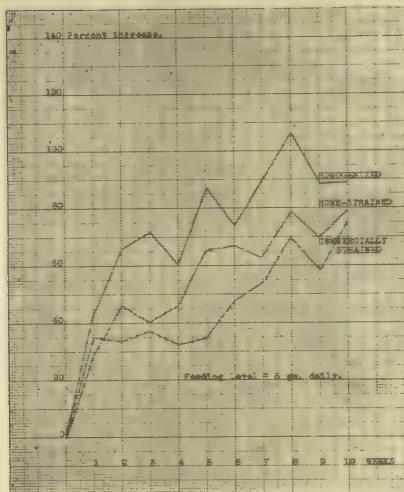
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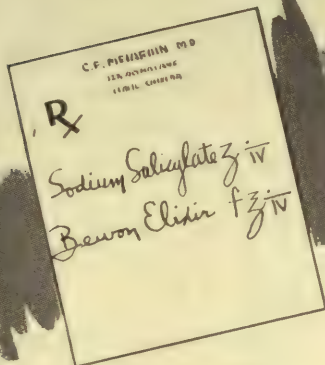
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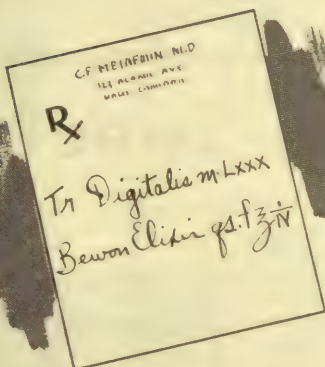
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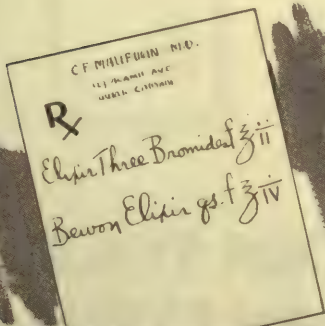
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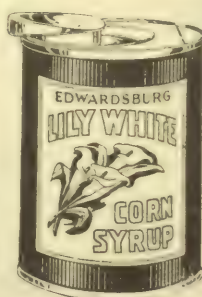
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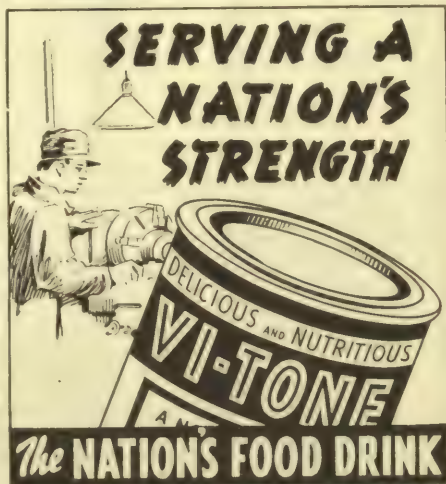
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## CONTENTS FOR MAY, 1942

DEDICATION	- - - - -	301
CARE OF THE SKIN OF THE NEWBORN INFANT	- - - - - <i>H. Kelley</i>	302
WELCOME TO MONTREAL	- - - - - <i>M. Batson</i>	304
WESTWARD BOUND	- - - - - <i>K. W. Ellis</i>	307
NOTES FROM THE NATIONAL OFFICE	- - - - -	309
S.R.N.A. SILVER ANNIVERSARY	- - - - -	312
THE A.A.R.N. ANNUAL MEETING	- - - - - <i>A. E. Vango</i>	313
THE LAMP OF LEARNING	- - - - - <i>J. E. Martin</i>	315
MOTION AND TIME STUDY	- - - - - <i>F. Waugh</i>	321
OBITUARIES	- - - - -	322
A NURSING STUDY OF ACOUSTIC NEUROMA	- - - - - <i>A. Keddy</i>	323
A TRIBUTE TO ANN BAILLIE	- - - - -	327
CANADIAN NURSES FOR SOUTH AFRICA	- - - - -	328
OVERSEAS MAIL	- - - - -	329
TRAVAILLONS ENSEMBLE	- - - - -	330
NEWS NOTES	- - - - -	340
OFF DUTY	- - - - -	350

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## Reader's Guide

One familiar landmark in Montreal is situated so that it commands the attention of every visitor. It is the **Cross on Mount Royal** which, when brilliantly illuminated at night, may be seen for many miles. The striking photograph shown on the cover seems particularly appropriate at a time when we are called upon to dedicate ourselves anew to the high ideals of our profession.

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In any hospital nursery, the prevention of skin infection is of the greatest importance. **Helen Kelley** gives a comprehensive outline of the preventive measures which must be taken if this aim is to be achieved. Miss Kelley is supervisor of nurses in the obstetrical department of the Toronto General Hospital and speaks with the authority that comes from long and successful experience in this difficult and challenging field. We are indebted to the staff nurses committee of the Toronto General Hospital for obtaining this excellent article and once more we should like to express our thanks to Miss Mary Macfarland, its indefatigable convener.

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One of the primary duties of the public health nurse is to do all she can to conserve the precious gift of sight. **Jean Elizabeth Martin** offers some excellent suggestions as to how we may keep the lamp of learning burning brightly. Miss Martin is a member of the Vancouver Metropolitan Health Service and was previously associated with an eye specialist for six years. During that time she had the privilege of visiting the eye department of the Royal Infirmary, Edinburgh, and the Westminster Ophthalmic Hospital in London.

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On her western trip, our **Emergency Nursing Advisor** had the exciting adventure of being snowbound on the prairie. Far from

being discouraged by this delay, Miss Ellis took the opportunity of writing about the progress which has been made in the provinces she has already visited.

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When there is more than enough work for every pair of hands, motion and time studies are especially valuable. **Frances Waugh** tells of an interesting course which she took recently and which sheds considerable light on one basic procedure. Mrs. Waugh is instructor in the School of Nursing of the Portage la Prairie General Hospital.

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The city of Montreal possesses magnificent hospitals which offer clinical facilities for the treatment of every type of illness. At McGill University may be found one of the greatest schools of medicine in the world and also, to our great pride and satisfaction, the McGill School for Graduate Nurses. **Martha Batson** in her capacity as convener of publicity for the committee on arrangements of the Canadian Nurses Association, extends a hearty welcome to Montreal and mentions some of the many institutions which are well worth a visit. Miss Batson wishes to express her gratitude to the directors of nursing services who so kindly supplied the information upon which her article is based.

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At the request of the Association of Registered Nurses of the Province of Quebec, three addresses, given in the French language at a recent meeting of the Association, appear in this issue. They deal with the functions and relationships of the Association and were delivered by **Alice Albert**, **Suzanne Giroux**, and by the editor of this *Journal*. This proof of understanding and unity as between the French- and English-speaking members of the Association is decidedly encouraging and promises well for the future.



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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT

NUMBER FIVE

MAY, 1942

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## Dedication

Many Canadian schools of nursing choose the pleasant month of May for the celebration of graduation exercises, and it has been customary either to open or to close graduation week with a religious service, usually held in the evening. Sometimes the graduating class appears in uniform — a moving and beautiful pageant of youth not easily forgotten by those who witness or participate in it.

This year, the Canadian Nurses Association has suggested that these Vesper Services be held on the second Sunday in May and that the graduate nurses of each community shall also take part in them. Canada is so vast that not all can be held simultaneously, even though they may take place at the same hour. In Halifax and Saint John they will be over before they have begun on the prairies, and when the church bells ring in Victoria, it will be drawing toward midnight in Charlotte-town. It is as though our hands swept

over a harp of many strings, some trembling into silence as others begin to vibrate. In the peace and quiet of the evening, our thoughts will be with our Nursing Sisters who are serving at home and abroad with the fighting forces of the British Commonwealth of Nations. We shall remember before God the civilian nurses of Britain who have already paid the last full measure of devotion. We shall make intercession for Canadian, English and Australian Nursing Sisters who, steadfastly refusing to desert their patients, are now in the hands of the enemy in Hong Kong, Singapore, Malaya, Greece and Crete. Nor shall we forget our nurses who, on the home front, bear the heat and burden of the day with courage and good will. The hour is coming, and may be nearer than we think, when Canada must face her ordeal by fire. When it strikes, we have faith to believe that it will find us ready in body, mind and spirit. Although they seldom talk about

it, nurses still cling to the belief that the practice of nursing is the dedication of the self to a high purpose. The word dedication implies that by means of solemn rites something precious is offered for sacred use. Could any gift be more pre-

cious or more sacred than that which we might lay upon the altar if we could find it in our hearts to dedicate ourselves anew to uphold and to maintain the honour and dignity of nursing?

— E. J.

---

## Care of the Skin of the Newborn Infant

HELEN KELLEY

The problem of preventing skin infection in newborn infants is of major importance. The average mother is more apprehensive about a rash or blemish on her baby's skin than she is about its failure to gain in weight or otherwise to do well. In approaching this subject the keynote must therefore be prevention. Every obstetrical hospital should maintain separate nurseries for the normal baby and the premature baby. Separate quarters should be available for isolating the ill or infected baby. Walls, ceilings and floors must be so constructed as to be easily cleaned. The nursery floors must be washed daily and sweeping prohibited. Nurseries and isolation quarters should be provided with running hot and cold water. Furniture should be simple and each nursery must have separate equipment.

A separate nursing staff, under the supervision of a graduate nurse, should be maintained both day and night. Nurses should wear a mask covering both nose and mouth when in the nursery and when carrying the babies to and from their mothers. Nurses should wash their hands thoroughly with soap and hot water and then apply antiseptic cream to the hands immediately

after changing or diapering each baby. Nurses assigned to the isolation quarters should not enter the regular or premature nurseries. Visitors should be excluded from the nurseries. All personnel must have throat cultures free from infection. Student nurses should have cultures taken before coming to the department.

Every nursery should be provided with open wire baskets for the temporary disposal of soiled linen. Large enamel covered cans should be placed in a special room for the disposition of soiled diapers. In the laundry all nursery linen must be washed entirely by itself and should first be placed in a soap solution at 140 degrees Fahrenheit and kept there for 30 minutes; it can then be removed and rinsed in six separate rinsing waters. Only the best laundry soap should be used and all clean linen should be returned at once to the obstetrical department. Ample linen is an essential in the care of infants.

The newborn baby should be examined for haemorrhage, injury, defects, or signs of infection immediately after birth and should be further observed daily. A complete physical examination should be made during the first week



and a record kept in a book provided for this purpose. If any infection is found the baby must be isolated immediately. Each baby should have a single crib with washable crib lining. The mattress must be kept in perfect condition by means of a rubber sheet which completely covers it. When the baby is discharged all crib linen, including the blanket, is sent to the laundry. The mattress and rubber sheet are cleansed with antiseptic solution. The crib with its mattress and rubber is left on the balcony to air for 24 hours. The crib frame is then scrubbed and made up with fresh linen. It is essential that extra cribs be available so that thorough cleansing and airing may be carried out.

These measures will go far to prevent the outbreak of the infection known as impetigo. This infection is due to a bacteriological agent which enters the nursery in various ways. Improper care of the skin and careless technique are two of the main avenues. If prevention is to be ensured, a clear understanding of the physiology of the skin and the heat regulating mechanism of the newborn infant is essential. Shortly after birth the newborn baby is able to perspire, and to give an oil bath daily therefore tends to prevent evaporation of the perspiration. Body temperature is thus increased causing a heat rash or skin irritation and, if the nursery technique is poor, impetigo.

Another common practice is to oil the inguinal and axillary regions. These areas are just those places on the skin which have an undue amount of moisture; the oil only prevents evaporation and thus enhances the possibility of impetigo. In the care of premature babies, where body temperature is subnormal and the heat regulating mechanism is not that of a full term baby, oiling is indicated to preserve body heat

and, because these infants do not perspire, skin irritation is at a minimum.

A discussion of the care of the skin of the newborn baby would not be complete without some reference to a preventative, advocated by some, of not removing the vernix caseosa from the skin shortly after birth. It is felt that those institutions which have followed this practice with success have achieved it by discontinuing a faulty technique, so that when no technique at all was used no impetigo appeared. One cannot recommend that no technique is better than a poor technique, and the crux of the whole problem is not in failing to clean the baby at all but rather in using a technique that does not lend itself to infection.

If impetigo is to be prevented in our nurseries the following rigid technique in the daily bathing and care of the baby is essential: a sterile bath basin for each baby; a sterile wash cloth for each baby; a clean bath towel for each baby; a clean paper towel in the scales for each baby; a clean paper towel on bath table for each baby. Sterile liquid castile soap only should be used and, before beginning the bath, have everything ready and the room at a temperature of 75 degrees Fahrenheit. The nurse should scrub her arms and hands with soap and hot water and apply antiseptic cream to her hands. A clean paper towel should be placed on the bath table and a clean paper towel in the scales. A sterile bath basin should contain water at 100 degrees Fahrenheit, tested by bath thermometer in the basin. After the bath is completed and the baby is back in its crib, discard the paper towel from the bath table and from the scales and also discard the bath towel. Remove the bath basin and scrub the hands again with soap and hot water and apply the antiseptic cream

before beginning the next bath. The baby should be dressed in clean clothing daily. Safety pins should be boiled after the discharge of the baby before being used again. The sterilizing of the bath basins should include scrubbing with sapolio and then rinsing. Finally the basins should be autoclaved or boiled for fifteen minutes in a sterilizer which is kept exclusively for the purpose.

If impetigo develops in the newborn, the baby should be isolated at once and full isolation precautions taken. The nurse detailed to look after the baby

must have contact with no other infant. The treatment considered to be the best is to keep the skin exposed and dry and the application of one per cent solution of gentian violet twice in twenty-four hours. Pustules should first be wiped with alcohol, then opened with a sterile needle, wiped again with alcohol and painted with a one per cent solution of gentian violet. In conclusion, although the treatment for impetigo has been stated, again I repeat that prevention is of far greater importance than cure.

## Welcome to Montreal

MARTHA BATSON

Three hundred years ago, Jeanne Mance arrived in the colony which is now the historic city of Montreal and plans are being made to celebrate the

coming of this woman who did so much for nursing in French Canada. In addition to these celebrations, we are able to offer much that is of professional interest to all nursing groups and we hope that you will find time to visit our great teaching hospitals and schools of nursing, our public health organizations, and the School for Graduate Nurses at McGill University.

The Montreal General Hospital (Central Division) is the oldest English hospital in Montreal and owes its origin to the little four-roomed House of Recovery opened in 1818 by the Female Benevolent Society for the relief of poverty and distress. The first medical school in Canada was conducted by its attending physicians and the students were taught in the wards after the Edinburgh plan. The out-patients and social service departments as well as all other units are now used as a field of study for medical students and nurses. The private patients' pavilion is situa-



Entrance — The Montreal General Hospital



## WELCOME TO MONTREAL

ted in the Western Division and has an all-graduate nursing staff, working on the eight-hour system. The total capacity for both Divisions is 600 beds. The School of Nursing was founded in 1890 and the teaching unit occupies a whole floor in the spacious residence for nurses. It comprises classrooms, a demonstration room, a library, and science and dietetic laboratories.

The Royal Victoria Hospital is situated on the southern slope of Mount Royal, close to McGill University. Built, equipped and endowed by Lord Strathcona and Lord Mount Stephen, it was opened in 1894 for care of both rich and poor. Since that time, the Ross Pavilion for private patients, the Women's Pavilion have been added and, in 1934, the Montreal Neurological Institute was opened by McGill University for the care of neurological and neuro-surgical patients. The total bed capacity is 850 with a nursing staff of 425. The Hospital serves as a teaching centre for doctors, medical students, nurses, dietitians and technicians. The School of Nursing was founded in 1894 and the teaching unit is housed in the residence. The school has access to laboratories of McGill University and to the library of the medical school. The buildings are of grey stone and blend harmoniously with the beautiful wooded grounds.

St. Mary's Hospital was founded in 1920 and is owned and operated by the English-speaking Catholics of Montreal. It is ideally situated on the northern slope of Mount Royal overlooking a lovely countryside. The bed capacity is 230 and the hospital is modern in all respects. The School of Nursing has an enrolment of 83 students and is conducted by the Sisters of Charity. Both the Hospital and the School are fully accredited by the American College of Surgeons. The Homoeopathic Hospital of Montreal was founded in 1894 and



*Roadway in the grounds of the Royal Victoria Hospital.*

is a general hospital with a daily average of approximately 120 patients. The Phillips Training School for Nurses was opened in 1894 and now has an enrolment of 61 students. A fine nurses' residence was erected in 1939 and contains a well equipped teaching unit.

The Children's Memorial Hospital is situated on Mount Royal and has a capacity of 330 beds. Sixty student nurses from 17 schools of nursing in eastern Canada and the United States affiliate for a three months course. Postgraduate students are also admitted twice yearly for a six months course which includes the study of the development, training and play activities of the normal child. The Hospital offers special facilities in the observation and care of rheumatic, cardiac and orthopaedic cases and in the teaching of medical aseptic technique. Work in the wards is under the guidance of teaching supervisors.

The Alexandra Hospital for communicable diseases has a bed capacity of



*Entrance to Arts Building, McGill University.*

170 and affords an excellent field for the education of medical students and nurses. The building is so constructed that the modern conception of medical aseptic technique can be thoroughly carried out. Affiliating student nurses come from the English-speaking schools in the Province of Quebec as well as from Ontario, New Brunswick and Bermuda. During the past year, 227 students benefited from a two months course in the theory and practice of nursing patients suffering from communicable diseases. Postgraduate courses are also available.

The Woman's Hospital was founded in 1871 and is now located in a modern well equipped building. All services are extremely active especially surgery and obstetrics. The school of nursing was established in 1927. The Shriners' Hospital for Crippled Children, "Montreal Unit", is one of the group of specialized hospitals operated under the auspices of the Order of the Nobles of the Mystic

Shrine. The Unit has a bed capacity of 60 and gives service to crippled children only. Its special departments include physiotherapy, occupational therapy, dental and social services. The hospital is beautifully situated on Mount Royal.

Two outstanding organizations which are well worthy of a visit, especially from those who are doing a similar type of work, are the Montreal Branch of the Victorian Order of Nurses and the Child Welfare Association of Montreal. The Montreal Branch of the Victorian Order was organized in 1897. Skilled nursing care on a visit basis is provided for the acutely ill, the chronic and the convalescent in their homes. Maternal care includes ante-natal instruction and supervision as well as attendance during delivery and post-partum care. The nurse finds an opportunity on every visit to demonstrate good nursing methods and to teach the family the prevention of disease and the maintenance of health. The teaching of nutrition is under the supervision of a nutritionist. The Victorian Order of Nurses provides a practice field for the students of the McGill School for Graduate Nurses, and this work is under the supervision of an educational director. The service covers Greater Montreal and five branch offices.

The Child Welfare Association is a voluntary health organisation carrying on child health demonstration work in Montreal and it operates from four main centres and five sub-stations. Its service is co-ordinated closely with that of the Health Department, and is directed towards the English-speaking families in the districts in which it operates. The primary object of the Association is to promote health, happiness and efficiency throughout life for its clients and to transmit such knowledge of the methods of preventing disease and promoting health as they can apply and use in their



own homes. The Health Service Division of the Association co-ordinates the health work of twenty-four of the social agencies within the Federated Charities organization, and operates such auxiliary services as the Montreal voluntary blood transfusion service as well as conducting health tests for household workers under the direction of the paediatric section of the Medical Chirurgical Society.

At McGill University will be found the School for Graduate Nurses, established as a professional school in 1920. It was organized by the late Miss Flora Madeline Shaw, and it is significant at this time to recall that Miss Grace Fairley (now president of the Canadian Nurses Association) with Miss Mabel Hersey initiated the discussion as to the

possibilities of establishing the School in the spring of 1918. The plan took concrete form in the summer of 1920 and since that time, over 600 nurses have graduated from the School. The program is devoted to the preparation of carefully selected graduate nurses for positions of administration, teaching and supervision in hospitals and public health fields. The School serves as an educational centre where nurses in service in Montreal also enroll each year as partial students in various courses. The University is readily accessible and its delightful group of buildings and grounds are well worth a visit.

These are only a few of the professional and educational reasons why you should come to Montreal. We are waiting to welcome you.

---

## Westward Bound

Quebec yesterday, Ontario today, Manitoba tomorrow and British Columbia on Friday — this is truly a letter in transit. In British Columbia, the Emergency Nursing Adviser expects to carry on intensive work before first returning to Alberta, and then to "home base" for awhile. With the visit to Alberta, initial contacts will have been made in all provinces and the question is: "Now what?" One answers promptly: the pooling and consolidation of ideas and follow-up work on a national and also on a provincial basis.

"Great Expectations", one of our foremost leaders aptly labelled the plans outlined in one province and it was heartening to note the enthusiasm and sincerity with which this pronouncement was made. Under present conditions, progress cannot be made too rapidly, but "great expectations" will have

to be cherished and translated into action if professional standards are successfully to survive the present crisis. Many nurses are alive to the peculiar problems that the profession is facing. Isn't it very necessary that this should be so and that we should understand our own problems if we are to interpret them to others?

Without exception, officers in hospitals and members of boards of directors have given thoughtful consideration to the recommendations presented to them and university authorities are also concerned. In view of all of this, we venture to be encouraged and hopeful. We have begun to ask what the enrolment of post-graduate students will be in 1942 and already we have evidence of results from the recruitment campaigns. Contacts have not been limited to professional groups and, in one

centre, the chairman of the local branch of the Hospital Council arranged for the Adviser to speak at a meeting. One day, a goodly number of male students in a university attended a meeting to hear nursing discussed as a national service and as an excellent preparation for the "business of living", not excluding matrimony; they proved to be an interested and intelligent audience. To make up for lost time and professional reticence, very definite attempts are being made in all provinces to bring nursing to the public in acceptable forms and appropriate doses.

A bird's-eye view of nursing in Canada is a revealing experience. Actual problems do not differ materially, but the situations do, and sometimes how little we understand the differences in this great Dominion even within our own ranks. The right sort of contacts make for better understanding and we could wish that more personal ones were possible. In the present great national crisis, the individual is overshadowed, but we have an idea that individual effort still counts.

Everyone is carrying a wartime load, but it seems as if nurses are always ready to take on just a little more. How true this is and how much we owe to those in key positions; they are such busy people these days and yet have time for extras. So many of our nursing leaders have given much time and attention to the study and support of developments that have taken place in connection with the work of the Emergency Nursing Adviser and how grateful we are to all of them; those on the Advisory Committee are among the busiest.

After spending four hours in a delayed train, stalled in a snowdrift on the prairie, one is apt to seek refuge in the memory of happier adventures and it is pleasant to recall the arrangement

whereby Miss Munn, Director of the Nurse Registration Branch of the Department of Health, released her associate, Miss Hilda Bennett, who so willingly conducted the Adviser on many visits throughout Ontario. Miss Bennett drove her own car in all sorts of weather on a perfect time schedule and not a minute was wasted. Her support was of real value and her companionship enjoyed. We are also very grateful to Miss Madalene Baker, who during her recent trip to northern Ontario in connection with the reorganization of registries, also carried on an able educational campaign in relation to the developments arising out of the recommendations which affect all fields of nursing. In spite of the fact that these are very active months for provincial registrars and advisers they, too, have found time to lend their support and assistance.

Under the chairmanship of Miss Maisie Miller, committees are working on outlines and other material that is being prepared to meet a number of requests. That such material should be made available through the National Office is an instance of pooled effort, because provincial representatives and associations have readily given assistance in the preparation of material for immediate use.

In the next issue of the *Journal*, we look forward to giving a more intimate story of accomplishments in each province. It will be a story of developments that, in many cases, reflect action taken by provincial associations over many months. Moving westward out of snowdrifts we look back on visits that were of necessity all too brief, and forward to contacts that we hope to renew.

KATHLEEN W. ELLIS,  
*Emergency Nursing Adviser,  
Canadian Nurses Association.*



## Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

### A Short Course for the V.A.D.

Representatives of the St. John Ambulance Association, the Canadian Red Cross Society, the Canadian Hospital Council, and the Canadian Nurses Association met in Montreal on March 23, 1942, for consideration of measures whereby there will be uniformity in experience offered by civilian hospitals to voluntary nursing aides and in classification of those aides according to the type of preparation they receive. It was recognized that, due to many young women entering other types of war service, there is now a limited number of eligible volunteers for the course in hospital experience, about 250 hours, which was developed during the year 1941. It was realized that while a shorter period, 80 hours suggested, will not allow volunteers to become so well skilled as nursing aides, it was thought that the shorter course would appeal to a larger number of young women and might help provide more auxiliary nursing service to the community in times of emergency.

It was unanimously agreed that the Syllabus Committee of the Canadian Nurses Association be asked to draft an Outline for an 80 hour course by revising the Syllabus for the longer course as was prepared by the same Committee, and that the Outline for an 80 hour course be accepted by all four organizations represented at the meeting.

It was recommended that instruction

in the shorter course be given during the daytime rather than in the evenings and at week-ends, with arrangements for hours of practice left to the hospital offering the experience; also that whenever possible, after completing the shorter term course, the V.A.D. return to the hospital for further practice. The question of mobility of the V.A.D. is left to the decision of the national organizations which sponsor these volunteers.

In an effort to clarify the existing confusion in terms applied to nursing auxiliaries, it was agreed that the term "V.A.D." be used according to the following classifications: V.A.D., Class A—those who have certificates in First Aid and Home Nursing and 240 hours of hospital experience; V.A.D., Class B—those who have the same basic training but less than 240 hours of hospital experience; V.A.D., Class C—those who have the same basic training but no hospital experience. Those present at the meeting were: representing the Canadian Red Cross Society—Mrs. Plumptre, Dr. F. W. Routley, Miss Hutchison, Miss E. K. Russell; representing St. John Ambulance Association—Lt. Col. G. Allison, Miss M. Grier; representing the Canadian Hospital Council—Dr. G. F. Stephens, Misses Ellis, Holt, Giroux, Dr. Harvey Agnew; representing the Canadian Nurses Association—Misses F. Munroe, C. Ferguson, B. Anderson, E. Flanagan, J. S. Wilson. Dr. G. F. Stephens acted as chairman and Miss F. Munroe as secretary.

### General Meeting

The twenty-first general meeting of the Canadian Nurses Association will be held in the Windsor Hotel, Montreal, from Monday, June 22nd to Friday, June 26th inclusive. The Executive Committee will meet on Friday and Saturday, June 19th and 20th, and Saturday, June 27th, 1942. Due to the present strain on hotel accommodation, nurses planning to attend the General Meeting are urged to make their reservations as soon as possible. Rates at the Windsor Hotel are: single rooms, \$4.00-\$4.50; double rooms, \$3.00 each; three persons in a room, \$2.50 each; four persons in a room, \$2.25 each.

The convenor of the Arrangements Committee wishes to announce that Miss F. Munroe, superintendent of nurses, Royal Victoria Hospital, Montreal, is in charge of all plans in respect to the Overseas Nursing Sisters Association of Canada. The late afternoon and evening of Wednesday, June 24th, have been left free for Alumnae functions; those wishing to make arrangements in advance should write to Miss Vera L. Graham, Homoeopathic Hospital, Montreal. Miss Eva Merizzi, 451 Blvd. St. Joseph E., Montreal, is French Associate to Miss Graham.

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### A Few Facts

Early this year the Canadian Nurses Association made a survey on the distribution of registered nurses in Canada. The survey which was made for a specific purpose had to be done quickly, and in some instances approximate estimates only could be secured. As the results obtained should be of interest to readers of the *Journal*, a summary of the information collected has been prepared.

The total number of registered nurses affiliated with the Canadian Nurses

Association is 18,266; the estimated number of registered nurses in Canada is placed at 23,000. Reports in respect to regional distribution varied; the average mean showed that 75% of the total number of nurses are in urban centres except in the Province of Quebec where 94% are in cities and towns and 6% in rural areas. With regard to public health nurses—during the year 1941, 56% were in urban, 25% in semi-urban, and 19% in rural areas. In February 1942 nurses inducted into the armed forces were: in England and other theatres of war, 360; in Canada, 473; taken on the strength of the South African Medical Nursing Service, 300. There are 22 nurses with the Orthopaedic Hospital Unit for Scotland.

The survey did not show a shortage in the private duty field but it revealed a greater need for general duty nurses, especially in smaller hospitals. With the rapid expansion of industrial war plants, there is an increasing demand for nurses with special preparation in public health and, as many nurses who were filling positions of responsibility have joined the forces, there is an increasing demand for specially qualified nurses in both schools of nursing and the public health field. As a result, during the year 1941, approximately 46% of vacancies in the public health field could not be filled satisfactorily while less than 20% of vacancies for instructors and supervisors in schools of nursing were filled by well prepared nurses.

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### From South Africa

Mrs. H. C. Horwood, Organizing Secretary of the South African Trained Nurses Association, met the second contingent of nurses from Canada on arrival to Cape Town. Mrs. Horwood writes that the nurses were all well and



happy. Thirty-three were sent to their destination direct from the boat and the remainder were entertained during the day until time for their departure at 9.00 p.m. for the north. Mrs. Horwood's concluding paragraph is:

I hear good reports on all sides of your nurses, who have "settled in" most acceptably. I feel they are strengthening the bonds of international friendship and mutual understanding.

Miss Gladys Sharpe, who travelled to South Africa with the second contingent of Canadian nurses, carried with her a letter of introduction from the Executive Secretary to Mrs. Horwood. The latter kindly forwarded the letter to the Matron-in-Chief of the South African Medical Nursing Service, who has written the Executive Secretary in part as follows:

I can assure you that we are grateful to Canada for sparing Miss Sharpe to us. I know you will be pleased to learn that I made her a Senior Matron from the date of entrainment in Canada. I sincerely hope that all your nurses will be happy in this country, and feel that contact in daily work with our South African nurses will have a far-reaching effect in furthering international unity in the nursing profession. With my best wishes and the hope that World Peace will be achieved before many more months have passed.

### British Nurses Relief Fund

The Canadian Nurses Association wishes to announce that with the approval of the Department of National War Services, in future the proceeds of the British Nurses Relief Fund can be distributed within the British Commonwealth, wherever the need is felt to be greatest. At present (April 4th) a reply is awaited as to the possibility of relief

being sent through the International Red Cross to British nurses in Hong Kong and Singapore.

We should like to publish in full the letters of appreciation received from nurses in Britain who have been helped by the Canadian Nurses Association Fund. These are excerpts from two letters that arrived late in the month of March: "I was working as Night Sister at the time when the whole of the Nurses' Home was struck. My room just collapsed, nothing left, but luckily I was on duty so came to no harm. This extra money will help toward replacing some of my things." The second excerpt reads as follows: "When the call came for nurses I volunteered and stored my trunks, containing all my clothing and bedding, at the Nurses' Club. I little thought I should never see any of my treasures again. I had worked in my spare time getting ready for my little home in England when I retired, then war came and everything was burned up, yet I am thankful to say all the nurses escaped safely. A nearby church gave them shelter until homes could be found for them."

Contributions to the British Nurses Relief Fund have been received from:

#### *Nova Scotia:*

Halifax Branch, R.N.A.N.S. ....	\$14.75
Col. Co. Branch, R.N.A.N.S. ....	16.00
Pictou Co. Branch, R.N.A.N.S. ....	22.50
Valley Branch, R.N.A.N.S. ....	33.75

#### Antigonish-Guysboro-Inverness-

Richmond Branch, R.N.A.N.S.....	4.00
Cumberland Co. Branch, R.N.A.N.S.	9.00
Lunenburg Co. Branch, R.N.A.N.S.	5.00
A.A., Royal Victoria Hospital, Halifax Group .....	7.50

#### *Ontario:*

##### District 1:

A.A., St. Joseph's Hospital, Chatham	50.00
A.A., Memorial Hospital, St. Thomas	51.25
Windsor nurses .....	21.00
Nurse in Petrolia .....	2.00

District 4:		Graduate staff, Hospital for Sick	
Welland Nurses Alumnae .....	60.00	Children, City and Country Branch	23.00
District 5:		Graduate nurse staff, Toronto	
A.A., Toronto General Hospital ....	175.00	Hospital, Weston .....	8.75
A.A., Toronto Western Hospital ....	325.00	District 6:	
A.A. Hospital for Sick Children,		Peterborough nurses .....	6.25
Toronto .....	6.00	Lindsay nurses .....	11.00
Nursing Sisters, Military Hospital,		District 8:	
Camp Borden .....	40.82	Nurses of District 8 .....	175.00
Graduate Student Association,		District 9:	
School of Nursing, University		A.A. St. Joseph's Hospital, Sudbury	25.00
of Toronto .....	10.00	Nurses of Muskoka Hospital,	
Students and Graduate nurses, On-		Gravenhurst .....	23.00
tario Hospital, New Toronto .....	100.00	Kirkland Lake nurses .....	4.00
		New Liskeard nurses .....	9.00

## S.R.N.A. Silver Anniversary

In 1917, one more province of Canada had been granted registration for nurses. This year, on May 28 and 29, 1942, in Moose Jaw, the Saskatchewan Registered Nurses Association will celebrate its twenty-fifth anniversary. The emergencies of war forbid ceremonies that might otherwise have marked this significant event, not only in the history of the Association, but in the progress of nursing. However, it is hoped that a few of the charter members will be present; their interest in nursing affairs is still so evident and their efforts in the interest of nurses are not forgotten; the names of distinguished women are included in this list. The program for this meeting is to centre around the study of recommendations that deal with the present crisis. Many of them arose out of the Joint Conference held in Montreal in September, 1941, and involve studies that are of vital concern to every nurse. They will be discussed under the general heading of *Filling the Gaps*: the graduate nurse with special qualifications; the student nurse; the general

duty nurse. The place of refresher courses in the present day program will also be considered. Among the guest speakers will be Mr. M. R. Ballard, B.A., B. Paed., Principal of the Moose Jaw Central Collegiate Institute, who will speak on "The Business of Living", and Squadron Leader Foster, Chaplain, S.F.T.S., R.A.F. By special request, the excellent history of nursing exhibit displayed at the annual meeting last year is to be repeated with important additions. Considerable time is to be given to the round table discussion. Come and bring your problems with you — but come!

In recognition of their outstanding contributions to nursing we publish the names of the nurses who sponsored the birth and rechristening of the Saskatchewan Registered Nurses Association, and ask for a message from them. They are: Jean Browne, Jean Wilson, Effie Feeny, Ruth Hicks, Helen Walker, Elizabeth Van Valkenburg, Norah Armstrong, and Granger Campbell.

R. C. CHRISTILAW,  
Acting Registrar, S.R.N.A.



## The A.A.R.N. Annual Meeting

After the morning news broadcast on Monday, April 6, nurses listening in to Edmonton stations were reminded that this was the commencement of the two-day annual meeting of the Alberta Association of Registered Nurses being held at the Macdonald Hotel. Although many were unable to leave their hospital duties due to lack of sufficient staff, over two hundred members attended the sessions, and all districts of the Association were represented. The opening prayer was given by the Rev. Daniel Young, and Mayor John Fry welcomed out-of-town delegates on behalf of the city of Edmonton. Miss Rae Chittick presided, and a letter of greeting was read from the national president, Miss Grace Fairley.

In the secretary's report it was revealed that \$2,020 had been collected for the British Nurses Relief Fund for the past year, and a considerable amount already has been collected for 1942. The attention of district delegates was drawn to the proposed nation-wide vesper service for nurses to be held throughout the Dominion on May 10. A provision has been made whereby a temporary licence may be obtained without charge by nurses whose husbands are in the active forces, and who wish to practise while stationed in the province, providing that the nurse is a member in good standing in her own province and can produce a current renewal membership card to that effect.

District reports were coloured by war activity on behalf of the Red Cross Society and the Navy League of Canada. Calgary District, No. 3, announced the opening of a central registry in that city for private duty nurses, at 1724-14 Ave. West, to be known as "The Community Nursing Bureau", with Miss

Eleanor Wainwright as registrar. Miss B. Beattie reported on the eight-hour day committee and Miss Helen McArthur on health insurance.

Although previous subscriptions to the *Journal* had been maintained, *The Canadian Nurse* representative, Miss Violet Chapman, urged that a higher percentage of nurses subscribe and that more material be furnished for publication.

The presence of Miss K. W. Ellis was of inestimable value. She answered innumerable questions and, in her capacity as Emergency Nursing Adviser to the Canadian Nurses Association, outlined the recommendations approved by the joint conference of University representatives and by the C.N.A. last September. Miss Ellis gave a short address at the banquet on Monday evening, and at the annual meeting of provincial chapters of the I.O.D.E. held on Tuesday.

Miss M. S. Fraser outlined the progress made for a central school in Alberta. A brief was submitted to the Alberta Government, through the Special Survey Committee appointed to report on the organization and administration of the University, and later an interview with the acting president of the University was secured. The Special Committee, however, although regarding the scheme most favourably, pointed out that since large classrooms and laboratories would require a new building development, it seemed impracticable to launch such a scheme at the present time. It is the intention of the central school committee to keep the idea alive in the event of further developments becoming possible.

The pressing question of the shortage of nurses was discussed, and how to

meet this shortage to the best advantage seemed to be the core of the entire meeting. Here, again, Miss Ellis was of invaluable help. A resolution was adopted that a committee composed of administrators from schools of nursing and municipal hospitals be formed (a) *to study the duties of subsidiary workers with reference to the hospital training course as outlined by the Red Cross and approved by the C.N.A.;* (b) to draw up a sliding scale of salaries for general duty nurses. Six members were elected to study the training of subsidiary helpers in groups, with a view to their employment in hospitals requiring their services. The committee consists of: Miss Catherine M. Clibborn (chairman); Miss Martha Smith, of Red Deer; Sister Beatrice, of Lethbridge; Miss Viola Leadlay; Miss H. Hermanson, of Rocky Mountain House; and Miss M. S. Fraser, of Edmonton.

In his address on standards in schools of nursing and organization of nursing service for national emergency, Dr. A. C. McGugan, medical inspector of hospitals, urged that every effort be made to employ ex-graduates who have left the profession but who may be available for employment in a war emergency.

Business meetings of the three sections were held concurrently at which new chairmen were elected: hospital and school of nursing, Miss Gena Bamforth, Edmonton; public health, Miss Helen Garfield, Calgary; general nursing, Miss Annie Carlson, Calgary. At the luncheon meeting of the public health section, Miss Hildur Hermanson spoke of her work in Formosa while attached to a Presbyterian mission hospital previous to the outbreak of war in the Pacific.

Arising out of an anticipated shortage of students for schools of nursing, Miss

Helen S. Peters reported on a campaign of publicity. Equipped with comprehensive material, Miss Jean M. Davidson, a graduate of the Royal Alexandra Hospital, will embark on a tour of high schools to interest and recruit suitable young women for the nursing profession, and mimeographed copies of her talks will be sent to those schools not visited. The co-operation of organizations and the opportunity to address them is being obtained and newspaper and radio publicity are being arranged. Miss Peters had requested that present students in schools of nursing prepare posters suitable for use in high schools and the results were on view during the sessions.

Interesting addresses were given by: Dr. Heber C. Jamieson, on diabetes and other metabolic diseases; Dr. D. B. Leitch, professor of pediatrics, University of Alberta, "Why do children 'act their age'?"; Miss Kathleen Jackson, director, Family Welfare Bureau, on the wartime family. Professor F. M. Salter, assistant professor of English, was the guest speaker at the banquet. He spoke on "Impersonal Responsibility", and said: "Impersonal responsibility and impersonal honour is thought to be beyond the capacity of women; but when bombs fell on Coventry and Plymouth and London, it was the nurses who dragged their patients to safety, for they accepted and lived up to their impersonal responsibility. They proved themselves fit to live in a man's world."

At the close of the afternoon sessions on Tuesday, tea was served at the Royal Alexandra Hospital, by Edmonton District, No. 7, at the kind invitation of the superintendent of nurses, Miss M. S. Fraser.

A. E. VANGO,  
*Registrar.*



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# PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

## The Lamp of Learning

JEAN ELIZABETH MARTIN

There is a common agreement among psychologists that sight is the real lamp of learning, since it is through the visual sense that the brain receives the great majority of its impressions. "Although learning is a mental process, the brain can interpret the messages only in so far as the senses are capable of transmitting them." It is quite obvious any abnormal eye condition may be a serious physical handicap, but the equally serious mental retardation is sometimes less considered. In addition, such conditions often result in grave maladjustments, both psychological and social. Abnormal eye conditions may hinder a child from developing his full-potentialities.

Among the many services confronting the public health nurse, could any be more important than that of keeping bright this lamp of learning? To prevent abnormal eye conditions arising should be foremost in the mind of the public health nurse, but she should also be equipped to assist, to the fullest extent, those she encounters with existing ocular disturbances. To fulfill this responsibility the nurse must acquaint herself with some of the most common eye abnormalities. Her instruments of service are education and prevention. She works in a fourfold field, namely,

antepartum, infant, pre-school, and school. Education of the parents is the nurse's outstanding opportunity in the antepartum field. The value of blood tests should be common knowledge. The fact that antepartum syphilis, with its many abnormal effects, in which the eye sometimes shares, may be prevented, should be a key point in the nurse's teaching programme.

Neonatal eye infection, ophthalmia neonatorum, used to rate as one of the chief causes of blindness in children entering the schools for the blind. This infection is prevented by instilling prophylactic silver nitrate drops into the eyes of the new-born. Most provinces in Canada have a law to this effect, and where it is in force, infant blindness is practically wiped out. Many babies appear "cross-eyed" during the first few months. By the time the baby is nine to twelve months of age this usually disappears. When a squint does not disappear in a baby over one year it is probable that the baby has poor sight, and an oculist should be consulted. In untreated or improperly treated cases of a squint or strabismus, the weak eye may have suppressed vision which will eventually lead to amblyopia exanopsia. The public health nurse should do all in her power to educate the parents of

a child with a squint as to the importance of early treatment. An opaqueness of the lens in the eye of a baby only a few months old may be noticed even by a lay person. Such a condition is usually congenital cataract, which is due to faulty development in the lens. Here again the nurse should advise parents to consult an oculist. Words of encouragement of present-day treatment should be given, but the word "cataract" should be avoided by the nurse.

The National Society for the Prevention of Blindness feels that if more time were spent in detecting eye defects in the pre-school children, alleviating and correcting such, eye troubles at school would be decreased. Special charts for testing children, from two to six years, have been made to detect faulty vision. In order to do a proper refraction on children who have defective vision, the services of an oculist are required.

The public health nurse comes in contact with many of the pre-school children in her home visiting. During these visits she will note outstanding eye defects and will be able to emphasize to the mother the importance of the child's general health, which has a direct bearing on the child's future eye condition. The significance of general cleanliness, fresh air, sunshine, and nutrition should be stressed. Nutrition and its relationship to ocular diseases is one of the present-day studies. Dr. Arthur M. Yudkin, in an article "Vitamins and Ocular Diseases", writes, "At the University Clinic (Yale) many patients with types of ocular disturbances have been treated with vitamins. . . Frequently there was encountered in children and infants a dryness of the cornea, with similar changes in epithelium of the conjunctiva, which improved when a diet high in Vitamin A was given. . . At the present time I find no definite

use in ophthalmology for Vitamins D and E." Dr. H. M. Traquair, of the Royal Infirmary at Edinburgh, feels that proper nutrition is so vital in treating eye conditions that he has a printed diet list to be given to eye clinic cases. A high vitamin diet is listed chiefly containing Vitamin A, with some Vitamin B and C. Starches and sugars are listed as foods unsuitable. Cod-liver oil is advised, also general cleanliness and fresh air. Dr. P. C. Jeans reported that 25% of rural children and 53% of city children showed poor visual adaptation; later, in a smaller series, about the same incidence was found. The administration of cod-liver oil or of carotene equivalent to from 5,000 to 6,000 international units of Vitamin A brought about recovery, in from four to six weeks. Hence if nutrition plays such an important part in treating eye conditions, might it not prevent such conditions arising? Therefore the public health nurse must keep alert to present-day findings, and be able informatively to advise proper diet for pre-school children.

Scarlet fever and measles frequently develop in the pre-school, as well as the school, child. It should be remembered that during acute disease, and for some time following recovery from acute disease, eye muscles suffer from the same exhaustive processes as other muscles of the body. Eye complications, which sometimes follow such diseases, may be avoided by providing eye comfort, giving adequate light and fresh air. Dark glasses may be worn rather than have the patient's room darkened. Place the head of the bed towards the window, and arrange artificial light so that no glare may annoy the patient. While a child is bedridden or convalescing, he should not use his eyes to any extent, at close range.

When preventive measures have not



been observed, muscle weakness or imbalance sometimes follows communicable diseases. Thus by a few simple instructions the nurse may be able to prevent a child being handicapped with a squint. If a squint does occur, early recognition of the same is very important. North believes that much may be done by education and training to improve the vision of the eye at fault. To avert a squint, or to cure it by educational measures, when the tendency to a fixed squint is recognized, requires tremendous patience on the part of the physician directing the child's treatment, and on the part of the mother and child. An oculist should always be consulted for such conditions. Orthoptics, which really means "seeing straight", is one of the methods of treating squints. Orthoptic treatments are given to children pre- and post-operatively, in order to get children to use both eyes together, and build up co-ordination which is mental and psychological. England has made considerable advances in the field of orthoptics. Many parents who fear surgery, or who may be Christian Scientists, will respond to such suggestions as diet and exercises, hence the public health nurse should have a knowledge of orthoptics.

When visiting the homes, the public health nurse has an opportunity of warning of the dangers of certain articles in causing common eye accidents among children. Such articles as scissors, knives, sharp-pointed instruments, broken toys, and hairpins, should be kept out of reach of the pre-school child. When the child enters school, not only does the nurse supervise him, but also a school doctor and teacher. During his school life the child should be led to take an interest in his own eyes, and should be instructed in the care and protection of them. The school aids in this development by providing good

lighting, and cultivating the desire for such in the pupil, thus lessening the chances of eye strain. The nurse aids in such a development by establishing a good rapport with pupils, as well as a good knowledge of their eye conditions. Along with the added supervision of the school, the child also encounters infections and hazards, and some congenital conditions are first noted during the school age.

Nature occasionally makes misfits, and the eye, and individual parts of the eye, are not exceptions in failing to develop properly. Some congenital conditions may not be detected until the child attends school. Some of these conditions the nurse will detect in checking the pupils' vision, but there are also behaviours which the teacher may note. The National Society for the Prevention of Blindness has printed a leaflet, "Observable behaviours which may help teachers and mothers to discover visual difficulties". Twenty-six behaviours are listed, some of which are "cries frequently", "irritable over work", "tilts his head to one side when reading", "screws up face when reading", "holds his face close to the page when reading". Such behaviours may be caused by astigmatism, hyperopia, or myopia. Astigmatism is found in the eye which is irregular either on the surface of the cornea, or on the lens capsule. Such irregularities cause the ray of light to be so twisted, that they approach a focus along a considerable line instead of at a point. The projection of imperfect images on the retina causes mis-calling of letters, and is often a source of profound nervous disturbance. Hyperopia and myopia are conditions relating to the shape of the eye-ball. Hyperopia is when the eye-ball is flattened from back to front, consequently the lens at rest has not sufficient curvature to focus parallel rays on the retina. In

myopia the eye-ball is longer than normal, so that the curve of the lens is too great to focus parallel rays on the retina. There are two types of myopia, simple and progressive. For this reason the nurse should take frequent checks on myopic conditions. On discovering any of these conditions in a school child, the nurse refers them to the school doctor, and then the parents are notified. The nurse should do all in her power to have the parents attend to proper correction of such conditions. If possible, direct the parents to an oculist rather than to an optometrist.

The accompanying table, which has been prepared by the Section on Ophthalmology of the American Medical Association and is therefore authentic, represents a true picture of the percentage of visual efficiency for each line of the Snellen Chart:

Percentage of visual efficiency retained, based on Snellen's Notation, and the percentage of loss of vision, judged from the same notation.

Snellen Notation for Distance	Percentage of Visual Efficiency	Percentage of Loss of Vision
20/20	100.0	0.0
20/30	91.5	8.5
20/40	83.6	16.4
20/50	76.5	23.5
20/70	64.0	36.0
20/100	48.9	51.1
20/200	20.0	80.0

You will note from the tables that these figures apply only in cases of myopia, and do not indicate any percentage for either hyperopia or astigmatism. There are several agencies which assist in supplying glasses for school children. The Prevention Department of the National Institute for the Blind will always provide progressive types of eye conditions with glasses.

Mental hygiene plays an important part in the eye conditions of school

children. The children with squints, in addition to being handicapped physically, are frequently subjected to the merciless remarks of their fellow playmates, besides being aware themselves that they appear different from other children. Some parents are neglectful or indifferent to correcting squint conditions by surgical methods. The public health nurse must seek opportunity to explain to the parents the benefit to the child in personality development, and in possibility of future employment. Many children appear to be different individuals once their eyes are straight. As mentioned before, the field of orthoptics should also be introduced to the parents, if not previously done. The prevention of eye accidents among school children is an important function of the school nurse. She may do this when developing the children's appreciation of their sight. Relating one of many fireworks accidents may have a beneficial influence. Any blow to the eye, or foreign body embedded in the eye, should be promptly referred to an oculist.

The most evident advance in the educational field for children with eye defects is the sight saving class, with its special equipment and specially trained teachers. On visiting one of these classes it is found there is a limited number of pupils in the classroom, never more than fifteen. The pupils' desks, which vary in size and are adjustable with tilted tops, are placed at an angle to the blackboard so that the light falls over the left shoulder. To avoid any glare of light the windows are equipped with double adjustable shades, and the desks, woodwork and black-boards are all in a dull finish. Paper on which the children write is also of a dull finish, buff in colour with green lines. Carloader's chalk is used. Pencils which the pupils use are large soft lead pencils, and for



pen and ink work these children have ball point pens and black India ink. For their short reading periods they have books with special 24-point type. To save their eyes for written work, the children learn to type on a typewriter with enlarged type and heavily inked ribbon. As much as possible of the classroom work is done orally. There is a variety of grades in the class, hence the pupils receive almost

individual attention. In order to keep the children with the other school children of their own age and grade, they leave the sight saving class and attend the regular class of the school for such subjects as singing, social studies, etc.

The advances in psychology and mental hygiene also play an important part in assisting both nurse and teacher to help the handicapped child readjust psychologically, socially, and mentally.

### A Correction

In an article entitled "Public Health Nurses in Canada" which appeared in the January 1942 issue of *The Canadian Nurse* an error was made in the figures indicating the numbers of French-speaking and English-speaking

nurses in the employ of the Metropolitan Life Insurance Company in 1940. Of the 76 nurses so engaged, 66 were French, and of these 53, or 80.3 per cent, were fully qualified holders of public health certificates.

### At the General Meeting

The report on the study of the minimum qualifications for employment of public health nurses, which has been carried on throughout this winter by all the Provincial Sections, will occupy a considerable part of the program for the session of the national Public Health Section which is to be held during the General Meeting of the Canadian Nurses Association. It is too early yet to make any prophecy as to the outcome of the studies that have been made, but all public health nurses who are able to attend the General Meeting are urged to discuss the various problems with their associates so

that there may be representative discussion of the numerous details. This spring the national executive of the Public Health Section, at the request of the Executive Committee of the Canadian Nurses Association, undertook to study and formulate standards for the training of public health nurses. This is a very logical progression from the establishment of minimum qualifications, and should prove a very valuable guide to the Universities of Canada which offer courses in public health nursing. Come and discuss the findings with us.

—M. E. K.

### O.N.S.A. News Letter

The seventeenth annual meeting of the *Toronto Unit* was held recently with seventy members present. The comprehensive reports received indicate that a large amount of work is being carried on by the members of the largest unit in Canada. Five members of the unit are now in charge of first aid posts in Toronto in connection with A.R.P. plans.

The war work convener, Mrs. R. Jamieson, gave an excellent report on the work of the club in its varied branches: knitting, packing of parcels for prisoners of war, blood donors group, the I.O.D.E., every department of the Red Cross, civilian defense, and home and school groups. The club also gave a library cart to Camp Borden Military Hospital.

Mrs. Shields, who had undertaken responsibility for the knitting and distribution of wool, gave a separate report. She said that, in answer to requests, the club had promptly sent garments to the coast-guards at Bowenchalke, England, the mine laying patrol at Saint John, N.B., the naval base at Grimsby, England, and the royal mission for deep sea fishermen. Sweaters were sent at the request of the Red Cross for the tank divisions. A total of 1466 garments have been knitted. The report of the war work fund reveals that the collections are \$1932.76, and the expenditures, \$1840.79.

A minute's silence was observed in memory of the five members who have died during the year.

The following officers were elected for 1942: president, Miss P. Morrison; vice-president, Mrs. N. Sharp; treasurer, Mrs. K. C. Bricker; recording secretary, Mrs. L. Cunningham; corresponding secretary, Mrs. T. A. James; convener for packing parcels for prisoners of war, Mrs. R. Jamieson; convener of war work, Mrs. G. Storey; councillors and chairmen of committees: Mrs. G. Bevan, Misses C. Ross, J. McDonauld, M. Hodge, A. Grindley, A. Copeland, Mrs. L. Cody, Mrs. H. Shields, Mrs. W. G. Hanna, Mrs. G. Royce.

The *Winnipeg Unit* recently held its annual meeting. The Red Cross convener reported that 2032 surgical dressings had been made and 149 articles had been knitted. A donation of \$25 was voted to the British Nurses Relief Fund. We are indebted to Mrs. F. A. Macneil, unit secretary, for an interesting contribution covering nursing history in the province of Manitoba.

The following officers were elected for 1942: president, Miss N. Shaughnessy; vice-president, Mrs. W. A. Shearer; secretary-treasurer, Mrs. F. A. Macneil; secretary-treasurer for war charities, Mrs. J. D. Moulden; chairmen of committees: Mrs. T. Hulme, Mrs. L. D. Collins, Mrs. N. Smith, Misses A. Mitchell, I. Barton, E. Hudson; advisory committee: Mrs. Hamblin, Mrs. C. V. Coombe, Miss M. Simpson.

To our members of the *Calgary Unit* we send a vote of thanks for their additional contribution of \$125 to the British Nurses Relief Fund. During a regular general meeting held recently there was a discussion concerning the appeals from the Wartime Prices and Trade Board, and pamphlets were distributed. The press reporter for the unit, Mrs. W. Paterson, revealed that Miss A. M. Gee was hostess to the unit in March. The president, Miss Lavell, announced that the funds had been increased by an evening entertainment at which Mr. S. R. Vallance showed pictures in technicolour of unfrequented by-ways in the Rockies. The constitution and by-laws of our association were given deliberation and discussion. A rummage sale is being planned as part of the effort to raise funds for the British Nurses Relief Fund.

Miss Charlotte Nixon, R. R. C., member of the *Montreal Unit*, is once again on active service, having recently been appointed to the R.C.A.M.C. Miss Edith Rayside was luncheon guest in Montreal following a meeting of the History of Nursing Committee.

E. FRANCES UPTON,

*Secretary-treasurer.*

## Give to the Canadian Red Cross!

From May 11 to 27 the Canadian Red Cross Society will conduct a campaign for funds. Every nurse knows how essential it is that the Society shall continue to serve the wounded men of our fighting forces and our gallant merchant navy. Prisoners of war, refugees, internees in Nazi concentration camps, must not look in vain for aid

and comfort. Nor must the needs of the home front be overlooked. Outpost hospitals, travelling dental clinics, and other health services must be kept going. Blood banks must be maintained to meet emergency demands. Home nursing classes must be continued. Help the Red Cross to carry on, no matter what happens!



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# HOSPITALS & SCHOOLS *of* NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## Motion and Time Study

FRANCES WAUGH, B. A.

In recent years the combined use of motion study and time study has become widespread and we have now found use for it in our nursing procedures. In the following paragraphs, I would like to give a brief description of the course in "Motion and Time Study" as taken by the writer at the University of Minnesota in June 1941.

Taking cognizance of present trends and recognizing the fact that motion study always precedes the setting of a time standard, we shall use the term motion and time study as referring to this broad field and having the following purposes: (1) to find the most economical way of doing a piece of work; (2) standardizing the methods, materials, tools and equipment used; (3) accurately determining the time required by an average worker to do the task; (4) training the worker in the new method. While our purpose was primarily designed for method study, and to eliminate rather than speed up actions, it would be desirable to keep in mind that any recommendation made for improvement of an operation must pay for itself in some definite period of time; that is we must present our findings in dollars and cents.

The entire process of a procedure should be studied before undertaking

a thorough investigation of a specific operation; therefore, our first step was to develop an attitude toward our problem — for example, reasons why present procedure was not satisfactory, the human element, what others think, extensiveness of the job, anticipated life of the job, wage rate, qualifications of employee required, equipment required, etc.

In every hospital, students and methods differ. We chose "taking patients' temperatures" as our procedure, an average student and an average method. In the University Hospital, each nurse took her own patients' temperatures twice a day and one nurse took all the elevated temperatures four times a day. We observed a student nurse on station 30 taking elevated temperatures on what is called a process chart. We recorded in order, each step she took from the time she checked the thermometers out at the desk until she brought them back. Then on a layout plan drawn to scale, we traced the path of the nurse and the actual distance covered. We then examined the process chart and revised it according to our suggested improvements. On a second layout plan, we traced the path of the nurse taking temperatures according to our improved process chart. In compar-

ing the distances covered and the time saved we came to our conclusions:

Of the two utility rooms available, the most centrally located should be used.

A more convenient tray was made which carried both rectal and mouth thermometers and also supported a small book and pencil to take the place of the very large book being used. This also meant that the tray did not have to be set down while each temperature was recorded.

Four thermometers could be given out at a time instead of two, eliminating the wait for thermometer to register.

Making two trips instead of three into each ward.

Use of sodium oleate .2 per cent in the bichloride solutions thus speeding up sterilization from five minutes to one minute.

The study showed that it was possible to reduce by 938 feet the distance covered while carrying on a single pro-

cedure. Since it was necessary to repeat this procedure four times daily, this meant a reduction of 3752 feet per day, or 258 miles a year. Other surprising results were obtained from an analysis of procedures such as passing ice water, and assembling instruments for operative sets.

This concluded the actual procedure investigation. Before we finished our course, however, we were introduced to a further method of investigation called "micromation", which is defined as the study of the fundamental elements or subdivisions of a cycle of motions by means of a motion picture camera and a timing device which accurately indicates the time intervals on the film. The purpose of micromation is to train one in efficiency, thoroughness and proficiency in applying motion economy principles. Perhaps this further study will prove to be even more beneficial to our profession than the motion and time study.

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## Obituaries

MRS. O. E. ELLIS (Annie G. Ketchen) died recently at Hazelet, Saskatchewan. Mrs. Ellis was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1919.

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LOUISA EASTWOOD BRUCE died on March 3, 1942. Mrs. Bruce was a graduate of the School of Nursing of the Toronto General Hospital, and a member of the Class of 1888. After serving as assistant superintendent of nurses in the Toronto General Hospital, she was appointed superintendent of nurses at

the Guelph General Hospital, and later became superintendent of nurses at the Nicholls Memorial Hospital, Peterborough. Mrs. Bruce had a fine mind and took a keen interest in world events. Throughout her long and active career, Mrs. Bruce rendered loyal and devoted service for which she will be long remembered.

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AUDREY TAYLOR died on March 7, 1942, after a short illness. She was a graduate of the School of Nursing of the Winnipeg General Hospital, and a member of the Class of 1928.



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## STUDENT NURSES PAGE

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### A Nursing Study of Acoustic Neuroma

ALMENA KEDDY

*Student Nurse*

*School of Nursing, Toronto General Hospital*

Mrs. B., a farmer's wife, was forty-one years of age. Seven years previous to her admission to the hospital she had an operation for cholecystectomy, appendectomy and exploration of the pelvis. She enjoyed working hard in her home and outside in her garden. Mrs. B. was natural, sincere and intelligent. She possessed a pleasing personality and a great deal of courage. In December, 1940, she developed a persistent headache for which there seemed no apparent cause. Thinking it would soon disappear, she went to bed each night hoping it would be gone when she awoke the next morning. Being an unselfish woman, and not realizing the warning the headache was trying to give her, she went about her daily work without complaining. This headache persisted for about six months. All this time Mrs. B. tried to carry on in her usual cheerful, helpful way. One morning early in July 1941 she noticed, while dressing, that the room seemed to swim around her. She ate her breakfast as usual, but as soon as she was finished she became nauseated and vomited. After vomiting she felt a little better but as soon as she ate something the nausea returned. As the nausea and dizziness continued for several days the family doctor was called. He noted

that the vision in her right eye was diminished, also that the hearing in her right ear was impaired. After a careful examination, the doctor suspected a tumour of the brain. Realizing that prompt attention was necessary, he brought Mrs. B. to the Toronto General Hospital.

A persistent headache for which no apparent cause can be found is often the first warning of the possible presence of a tumour of the brain. This may or may not be supplemented by mild, puzzling, neurological signs such as loss of the sense of smell, decreased hearing or buzzing in the ears. As soon as any of these signs or symptoms are noted a doctor should be consulted. It is important for the nurse in the home, hospital or community to realize the importance of early attention. An early diagnosis means a better prognosis. Later symptoms which may occur are dizziness, blurring of vision, nausea, (which eventually causes loss of weight), deafness, ataxia and paralysis. Sometimes there is restlessness, then drowsiness, succeeded by stupor and finally deep unconsciousness with a change in the respirations, heart rate, temperature and blood pressure, terminating in death. At the present time the treatment for a brain tu-

that her eye which was usually protected from the dust and air was unprotected. Conjunctivitis developed but was soon healed. The eye was irrigated with a 1:20 solution of boracic three times a day and covered with a watchglass for a few days. The watchglass was kept in place by a border of adhesive. The sixth day after her operation, the stitches were removed by a doctor. The wound had healed beautifully. There was no sign of infection. A dry dressing was applied but was removed several days later.

During her post-operative illness, she voided regularly and without difficulty. These patients should be watched carefully. If they are unable to void they must be catheterized every eight hours. Her bowels were regulated by oil and enemas. The enemas were always ordered by the head nurse because it is dangerous to give enemas to people with increased intra-cranial pressure or in post-operative cases. There is always increased pressure and danger of hemorrhage following an operation on the brain. Mrs. B. needed no sedative; if she had been restless she might have been given aspirin, phenacetin and caffeine tablets or phenobarbital in some form either by mouth or hypodermic. She would not have been given morphia for, as already stated, it masks the state of consciousness and one cannot get a true picture of the patient's condition.

Mrs. B. progressed very well. A little

improvement was noticeable each day. Soon she began to take an interest in her surroundings. Later, she sat on the edge of the bed for a few minutes and the next day she was allowed to be up in a chair. This was a very happy moment for her. She still had no control over the muscles on the right side of her face and the hearing was destroyed permanently in her right ear. As soon as she was strong enough, the glossopharyngeal nerve was anastomosed to the peripheral portion of the seventh nerve. By re-education, the motor impulses to the peripheral end of the seventh nerve would be supplied by the glossopharyngeal nerve; that is, the paralysis would gradually disappear. But when she went home a few weeks later there was no sign of recovery. The hearing in her right ear was gone forever but she was happy. The doctor had saved her life. She said good-bye, bubbling over with gratitude for everything that had been done for her.

This benign tumour just grew. There is no known cause for a brain tumour. Therefore nothing could have been done to prevent it. Mrs. B. is very lucky that it was discovered when it was. Delay would, no doubt, have meant loss of function of many parts of her body, if not ultimate death within a few months. The important thing is to be able to recognize the symptoms and act at once. The public should be taught this, and many lives could thus be saved.

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## A Deeper Insight

Under the auspices of McGill University, and with the co-operation of the McGill School for Graduate Nurses and the Verdun Protestant Hospital, between 60 and 70 graduate nurses, public health, private duty and hospital head nurses were given a better idea of the application of certain

special techniques and an additional interesting point of view in nursing. On ten successive Thursday nights we were lost in the background of psychiatry, the fundamentals of mental health and the recognition of essential variations from the normal. From the purely technical at first, we next



crease secretions of the lungs.

An anaesthetic bed was made and taken to the door of the operating room. This bed differed from an ordinary anaesthetic bed as the position of the head and feet are reversed to facilitate dressing the wounds.

At 8 a.m., Mrs. B. was taken to the operating room. After her head was shaved by a skilled person, the skin was prepared with bichloride solution and alcohol. She was placed in the sitting position, with her legs and abdomen bound to help maintain her blood pressure. By means of an incision in the right occipital region, which looks like a question mark backwards, bone was chipped out revealing the right cerebellum. Part of the cerebellar lobe was cut away in order to remove the tumour which was adherent to the eighth cranial nerve. Both the seventh and eighth cranial nerves were cut. All the other nerves were saved. The wound was closed and she was placed in her warmed bed in Fowler's position. Unconscious and breathing with the aid of an airway, she was taken directly to the ward.

The nurse, who stayed with her continually until she became fully conscious, had collected everything necessary for her care on the bedside table. There were the usual instruments for post-operative care, clinical record forms, a cranio-cerebral injury chart, a pen and ink. A clinical record was kept. Everything the nurse did for Mrs. B. and everything she observed about her were recorded. Her temperature, which was taken by rectum, was normal. Her pulse and respirations were also satisfactory. They were counted every five minutes till she regained consciousness. The dressing on her wound was free from blood. A blood transfusion which was started in the operating room was still flowing. When only fifty cubic centimetres remained it was discontinued by an interne.

The remaining blood was sent to the laboratory where it was examined. Often normal saline is given intravenously to help compensate for the blood which has been lost during the operation.

The cranio-cerebral injury chart was in the form of a graph. On it her rectal temperature was recorded every hour and her pulse and respirations every half hour. They did not vary during the twenty-four hours following her operation and the chart was discontinued by the head nurse. Any brain operation is really a head injury performed under aseptic conditions. It is easier to discover signs of post-operative shock and hemorrhage early by careful conscientious recording on this chart.

After Mrs. B. regained consciousness, she was allowed to rinse her mouth with water but not to swallow. Her swallowing reflex was weak from the disturbance of the brain tissue during the operation. For this reason a duodenal tube was inserted and she was given twenty-four hundred cubic centimetres of nourishing fluids in twenty-four hours. She received two hundred cubic centimetres every two hours. A few days later the tube was removed and she was given foods that could be swallowed easily such as creamed and puréed foods. Gradually she learned to swallow any food and soon gained strength.

For the first few days Mrs. B. slept most of the time. She was often aroused to assure the nurse she was sleeping and not unconscious. She enjoyed her daily baths and frequent alcohol back-rubs. The greatest care was taken, while she was turned, to protect the sutured muscles in the back of her neck. Everything possible was done to make her more comfortable. She expressed great appreciation for everything that was done for her.

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that her eye which was usually protected from the dust and air was unprotected. Conjunctivitis developed but was soon healed. The eye was irrigated with a 1:20 solution of boracic three times a day and covered with a watchglass for a few days. The watchglass was kept in place by a border of adhesive. The sixth day after her operation, the stitches were removed by a doctor. The wound had healed beautifully. There was no sign of infection. A dry dressing was applied but was removed several days later.

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special techniques and an additional interesting point of view in nursing. On ten successive Thursday nights we were lost in the background of psychiatry, the fundamentals of mental health and the recognition of essential variations from the normal. From the purely technical at first, we next



listened to case histories, which illustrated the points so well made. We saw the difficulties that wartime stress and strain could cause and were causing, and realized the problems that must necessarily be associated with any reconstruction period. Then, in the last four lectures, we saw with our own eyes demonstrations of the different types of cases and the newer treatments with electricity and insulin, which are proving their power to make life new once again for so many. As we listened and pondered, we felt that we had gained in these ten weeks a deeper insight into the mental side of life, a keener understanding of and sympathy for

our own patients, many of whom we now realize are just starting on a journey away from reality. Best of all, there was a feeling of hopefulness and deep relief that it can no longer be said: "Who can minister to a mind diseased?"

We wish to thank McGill University for sponsoring this course and also, and very particularly, the McGill School for Graduate Nurses, and the medical and nursing staff of the Verdun Protestant Hospital, who spared no time or trouble to help us on the road of knowledge.

—Rose Mary Tansey.

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## A Tribute to Ann Baillie

In the March issue of the *Journal*, reference has already been made to the loss that the nursing profession has sustained in the death of Ann Baillie. The following excerpts are taken from a sincere and moving tribute paid to her by a member of the medical profession in Kingston:

Of Miss Baillie it may be said that she belonged to the fortunate class of people who find in their work a true expression of their gifts. Here, in the calling which was to absorb the effort of a lifetime, she found the means by which she could lay on the altar of service, the best that was in her.

Whatever plans the young graduate nurse may have had for the future were given a new turn by the outbreak of war in 1914. As might have been expected of her, Miss Baillie lost no time in placing her services at the disposal of the military authorities. From the moment her Unit began to discharge the functions for which it was organized, Miss Baillie was assigned to duty in the operating rooms. Through the Egyptian autumn and winter, the Unit remained in Cairo but the need for hospital facilities disappeared and brought about a transfer to a point behind the battle lines in France. In the new scene, Miss Baillie continued in charge of the operating rooms. Day after day

for many months she discharged her duties, with an untiring buoyancy of spirits which was a peculiar boon in the stress and tenseness of the time. There were no complaints; and never a difficulty which was not smilingly surmounted. Those who saw her at this time, and knew later of her work in Kingston,



ANN BAILLIE

realize that here in Etaples were developed and matured those qualities which enabled her to carry successfully the burdens of the important position in civil life to which she gave her best years. For meritorious service and a high standard of conduct, Miss Baillie was awarded the R.R.C. and mentioned in Despatches, recognitions never more fittingly bestowed.

At the close of the war and during a period of advanced training, the door of opportunity was opened to Miss Baillie by an invitation from the Kingston General Hospital to take the position of superintendent of nurses in the School from which she had graduated fourteen years previously. In accepting this offer she finally made choice of the field in which her qualities were to find full expression. Within its boundaries, she was destined for eighteen years to expend her fine abilities and play an important part in reorganizing and reshaping one of Canada's

foremost Nursing Schools. From this moment her life merges with the history of Kingston General Hospital.

As the end of life came in sight it was evident to those who worked with her that it would be faced with no slackening of courage. Ann Baillie accepted the verdict of fate, undaunted. She expressed the hope that the days of her inactivity might be few; that she might continue with her work as long as possible. There was no fear; only regret that her work would no longer continue in the scenes she loved. Subsequent action by the Hospital Governors has given to the residence the official designation of the Ann Baillie Home for Nurses. Her portrait, in this memorial building, will call the attention of those who enjoy its comforts to the fact that they are indebted in no small measure to the superintendent whose likeness is set before them in token of the great respect due her memory.

### Canadian Nurses for South Africa

The following military nursing sisters have been named by the Department of National Defence to reinforce those already serving in South African military hospitals:

*Alberta:* R. C. Cameron, J. M. Clack, W. C. Hague, S. M. T. Hall, D. B. Kreutzer, I. Lamont, F. E. Lee, L. E. McComb, F. E. Mitchell, C. H. Schnell, E. M. Saklofsky, R. A. Stead, E. F. Sutherland, R. I. Turnbull, M. Wainwright, A. M. Orr, S. McDonald, P. M. Opie.

*British Columbia:* T. L. Baker, D. G. Bischlager, E. L. Clement, E. Coles, M. P. Dobbie, M. L. Dobbin, A. A. Hopkins, B. S. Krag, L. MacMillan, E. G. Putnam, H. M. Smith, G. Stevenson, H. M. Williams, K. I. Krag, N. V. Lee.

*Manitoba:* B. I. Solmindson, C. M. McKinnon.

*New Brunswick:* R. M. Atkinson, H. A. Brown, M. M. Henderson.

*Nova Scotia:* J. J. McKinlay, M. J. Hingley.

*Ontario:* W. M. Barker, M. V. Betts, M. E. Booth, R. V. Breakey, D. Bushell, M. E. Colledge, R. G. Dalton, J. H. Dame,

A. I. Davis, D. E. Doan, M. C. Dolan, C. M. Downs, E. E. Edey, A. L. Effinger, H. J. Elliott, K. E. L. Garrett, B. A. Girard, H. C. C. Holland, A. M. Kavanagh, A. M. King, M. V. MacLean, J. G. McAdoo, A. M. McElheran, H. P. McInnery, A. M. McNeillan, L. W. Mitchell, M. Rielly, A. G. Robertson, E. Rothwell, M. V. Singer, M. J. Snelgrove, J. E. Smart, J. M. Spettigue, H. A. Stearns, M. E. de St. Remy, M. E. Thompson, D. G. Westhaver, L. F. Jamieson, H. M. Frost, A. B. West, J. Black.

*Prince Edward Island:* C. A. Clohossey, L. L. Dockendorff, C. S. MacLean, J. C. MacPhee, H. P. Wood.

*Quebec:* H. Bonneau, E. Bushell, B. M. Dionne, K. S. McKim, E. M. H. McLimont, O. Morgan, M. A. Parent, M. S. Burnfield, M. E. Lindsay, E. E. Grimmer.

*Saskatchewan:* E. E. Barton, G. L. Berndt, M. I. Greenfield, J. E. MacKay, M. E. Niblett, K. F. Olshewski, T. J. Scott, M. G. Simpson.

*U.S.A.:* M. D. C. Stevenson, Detroit, formerly of Regina, Sask.



## Overseas Mail

The following letter was written to a Montreal nurse who, besides writing delicate and imaginative verse, is also very clever with her hands. Having made a beautiful afghan, she gave it to Miss E. Frances Upton in the hope that it could be sent to some British civilian nurse who had suffered from the effects of air raids. Thanks to the courtesy of the Overseas Parcels League, Miss Upton was able to send the afghan to the secretary of the Royal College of Nursing with the request that it be given to this young student nurse who was known to have sustained severe injuries.

The lovely afghan you were kind enough to send me keeps me beautifully warm and I do not know what I should do without it. Perhaps you would like to hear about the raid in which I was injured. The sirens went before I had got undressed and no sooner had they started than a "basket" of incendiaries dropped round the hospital and the nurses had to return to the wards. Most of the night was spent in the side ward until the glass was shattered in the windows and the patients were moved into the main ward. Later, the ward above had a direct hit and part fell onto our ward. The patients were wonderful and those that could walked to the basement and the hospital staff carried the rest and rescued those who were partly buried. At about 6.30 it was getting light so we thought we would go outside and see what the hospital looked like. To get outside, we had to walk over a bomb-hole and inside the hole was a mattress which had caught fire and been thrown out of the window and fallen into the hole. After awhile we were sent down to the basement to wait until we could start moving the patients and I had just got downstairs when there was an explosion and I remember nothing more until some days later. The explosion was caused by a delayed action bomb which had fallen into the hole which we had seen and, being cov-

ered by the mattress, had not been noticed. I had my back to it and so got the full benefit of it, which I shared with another nurse. We both had head wounds, fractured skulls and vertebrae. My bones seemed to take a great deal longer to mend as my last plaster jacket (I had four altogether) was not removed until a month ago. Since then I have had to go to the hospital daily for exercises.

I had another exciting experience at home when one night the sirens went and immediately something came whizzing through the air and landed with a thud. Before we had decided whether we should go upstairs and see if anything had happened, there was a terrible clattering on the roof and we decided to stay in the hall. We had not been there many seconds before we saw white flames from every door crack and window. We thought the house was on fire and went outside to see nothing but flames and smoke all round and five incendiaries in the garden. The rattling we had heard was at least two incendiaries rolling down the roof. Fortunately the long shovel was within reach and Mother grabbed it and began putting out a bomb which was shooting sparks at the garage, while I found a shovel and went for two close together in the cabbage patch. I had just buried my two when the F.A.P. superintendent sent us over to the shelter while he and the other men put out the bombs on the lawn and in the back yard. It was a marvellous sight to see all those incendiaries. We were surrounded by fields which were full of them. They looked like shocks of corn burning.

I saw my doctor a few days ago and he told me that I should be able to start work in a month or two. I shall not be able to do nursing straight away and, as I have never wanted to be anything but a nurse, I hardly know what else to do. There are plenty of jobs to be had but I don't fancy any of them at the moment. I expect I shall have to register in March so, if I have not got a job by then, I shall probably have one given me.

## Travaillons ensemble

In the April issue of the *Journal*, reference was made to a meeting of the Association of Registered Nurses of the Province of Quebec which took place recently in the city of Quebec. At one of the sessions, three addresses were made, in the French language, dealing with the international, national, and provincial relationships of the A.R.N.P.Q. At the request of the Association the text of these addresses is presented herewith. By way of introduction, Ethel Johns spoke of the significance and value of a provincial association which makes it possible for its members to enjoy the privilege of belonging to the Canadian Nurses Association and the International Council of Nurses. Mlle Alice Albert then gave a vivid picture of the actual accomplishments of the A. R. N. P. Q. especially in relation to the organization of emergency nursing service and made an eloquent plea for understanding and co-operation between the English and French-speaking members. Mlle Suzanne Giroux then outlined some eminently practical suggestions for recruiting students for schools of nursing and also gave an excellent summary of the recommendations now being carried out under the direction of Miss Kathleen Ellis, recently appointed National Adviser by the Canadian Nurses Association. We very much regret that space limitations make it impossible to give a full translation of the truly inspiring addresses made by Mlle Albert and Mlle Giroux. The manner in which they were received by the large audience gave proof that the entire membership of the A.R.N.P.Q., French and English alike, can and does work together.

The text of the address given by Ethel Johns is as follows:

L'on m'a demandé de vous entretenir pendant quelques minutes sur les aspects nationaux et internationaux de notre profession. Dans les temps difficiles que nous traversons, nous devons être fières de voir les infirmières du monde entier unies par des aspirations et un idéal qui nous sont communs à toutes. J'ai eu l'occasion, il y a quelque temps, à New York, de causer avec Miss Effie Taylor, la présidente du Conseil International des Infirmières. Depuis le début de la guerre, elle a fait tout son possible pour se tenir en communication avec les trente-deux associations nationales d'infirmières qui constituent le Conseil International. Elle m'a avoué que lentement mais sûrement le contact officiel est interrompu à mesure que les nations sont jetées dans le conflit mais que malgré tout elle vient à bout d'avoir des nouvelles.

Il n'y a pas longtemps, j'ai moi-même reçu indirectement un message de l'Ecole universitaire de Nursing de Varsovie avec laquelle j'avais été en relation lors de mon séjour en Europe. "Ne vous découragez pas, a-t-on dit, malgré que l'édifice de l'école ait été détruit par les bombardements, nous avons admis il y a quelques jours une trentaine d'élèves. Nous continuons notre oeuvre. Eux aussi (les Allemands) ont besoin de nous". Voilà pourquoi le nursing est et doit être international. L'humanité tout entière a besoin de nous, amis ou ennemis.

Nous devons espérer et croire que le Conseil International des Infirmières survivra au conflit tout comme cela est arrivé lors de la dernière guerre et que lorsque la paix sera rétablie, les infirmières du monde entier se réuniront une fois de plus comme elles l'ont fait à Londres il y a cinq ans. Elles sont venues de tous les continents et presque de tous les pays, sans distinction de religion, de race ou de couleur. Ces infirmières n'étaient entravées par aucune théorie politique ni aucune frontière nationale, le monde entier était leur province. Ne doit-il pas en être ainsi aujourd'hui plus que jamais? Nous voulons construire et non démolir, guérir et non blesser, aider à vivre et non tuer.



Le fait que les infirmières du monde entier se comprennent et s'entr'aident n'est pas purement accidentel; cela est dû à la prévoyance et au courage de femmes éclairées qui ont su organiser en groupes les infirmières de leur propre pays, telle notre Association des Gardes-Malades du Canada, ces groupes venant ensuite à former le Conseil International des Infirmières. La carte de membre de votre Association provinciale n'est qu'un bout de papier mais elle vous fait membre de la société honorable des Gardes Malades du Canada; ce n'est pas tout, elle vous donne accès dans le monde du nursing qui réside au-delà de nos frontières nationales.

Les progrès accomplis dans la pratique de notre profession sont dus pour une large part aux efforts incessants de nos organisations de nursing, soit internationale, nationales ou provinciales. Ce sont elles qui ont combattu pour obtenir un meilleur enseignement, un logement plus confortable et des conditions de travail plus favorables. L'opposition a été formidable mais pas par pas nous avons avancé. Nous avons notre place dans l'armée, dans la marine et dans l'aviation. Nos services sont réclamés dans chaque hôpital du Dominion, à partir du poste de secours le plus éloigné de la Croix-Rouge, jusqu'au plus grand hôpital de nos cités les plus importantes. Nous avons notre place dans la vie nationale, nous en sommes fières et nous voulons la maintenir.

Certaines personnes peuvent dire d'un ton un peu railleur: "Tout cela va très bien — mais qu'est-ce que l'Association provinciale a fait pour moi?" Nul mieux que moi ne sait combien il est difficile de convaincre les infirmières de l'importance qu'il peut y avoir d'appuyer et de défendre les organisations qui protègent leurs intérêts professionnels. J'entendais l'autre jour quelqu'un définissant comme suit les qualités essentielles de la religion: premièrement, elle doit être spirituelle, deuxièmement, être mystique et troisièmement, elle doit être érigée en une société. Il me semble qu'il doit en être ainsi de notre profession; mais nous sommes trop portées à oublier et à négliger le troisième point et à laisser porter le fardeau par quelques personnes seulement.

Notre Association des Gardes-Malades du Canada tiendra en juin cette année une convention à Montréal. Nous nous unirons toutes, infirmières de langue française, de langue anglaise, catholiques et protestantes pour célébrer le troisième centenaire de l'arrivée, dans cette colonie, de Jeanne Mance, cette femme de mérite, cette infirmière dévouée. Elle ne fut pas la première à soigner les malades en ce pays; cet honneur et ce privilège reviennent aux Ordres religieux qui l'ont précédée mais elle fut la première infirmière laïque à fonder un hôpital et à organiser un service de nursing au pays. Qu'on me pardonne d'insister sur le mot laïque, c'est que nous, infirmières laïques, réclavons Jeanne Mance comme notre pionnière et notre modèle; elle a subi les épreuves et les tribulations qui nous sont particulières et contre lesquelles l'ordre religieux offre une protection.

Je dois avouer que nous, canadiennes anglaises, sommes un peu jalouses de ce que Jeanne Mance fut une française; il est vrai que nous avons Florence Nightingale mais nous voudrions aussi réclamer Jeanne Mance comme nôtre. Nous admettons bien qu'elle vous appartient de droit car vous êtes les premières arrivées. Jeanne Mance est une figure universelle en nursing et notre inspiratrice à toutes; son étoile devient de plus en plus brillante à mesure que les années passent.

Que penserait Jeanne Mance si elle pouvait assister à notre Congrès national de juin prochain où l'on verra des infirmières des neuf provinces, d'un océan à l'autre. La présidente du Conseil International des infirmières ainsi que la Présidente de l'American Nurses Association seront au nombre des conférencières. Celle dont nous célébrerons bientôt le troisième centenaire pourrait voir autour d'elle des directrices d'écoles de langue française et de langue anglaise de tout le Canada, prenant conseil les unes des autres, dans l'école même qui porte son nom. Ne redirait-elle pas les paroles prononcées par le révérend père Vimont alors qu'il s'adressait à un petit nombre de pionniers réunis au pied de l'autel, sur les bords du Saint-Laurent: "Vous n'êtes qu'un grain de sénévé mais ce grain lèvera, croîtra et deviendra un arbre dont les bran-

ches couvriront la terre. Vous êtes peu nombreux mais votre oeuvre est l'oeuvre de Dieu." Si les infirmières du Canada devaient demander à Jeanne Mance de leur suggérer une devise, ne leur redirait-elle pas ces paroles dites pour la première fois un matin de mai, il y a trois cents ans? "Votre oeuvre est l'oeuvre de Dieu".

Mlle Alice Albert then spoke as follows:

Quel plaisir que de revoir Québec et surtout le toujours si intéressant groupe des Infirmières religieuses et laïques! Je remercie de tout cœur le Comité Exécutif de notre Association me procurant, encore une fois, la si belle opportunité de saluer les gardes-malades de cette ville et je suis tentée, on ne peut plus, plus que jamais, je devrais dire, de demander : "et le *Næid*?" toutes se rappellent? . . . "gauche sur droite. . . droite sur gauche" . . . s'il est facile à défaire — au besoin — par contre, il est des plus solides — et pour cause. Mais, comme à peu près toujours, dans la vie, le sentimental doit faire place au devoir — et que la raison doit raisonner le cœur, en le faisant raisonner parfois, je réponds donc, sans plus tarder à la demande de Mme la Présidente. Puisque Boileau la déjà si bien dit : "sur le métier, 20 fois remettez votre ouvrage" et qu'un des principes de l'éducation, c'est la répétition, nous venons d'entendre, une fois de plus ce que c'est qu'une Association Provinciale de gardes-malades — et, en quelques mots, voyons maintenant ce que fait notre Association pendant les temps, les jours que nous traversons; ceci ne sera encore qu'une répétition puisque toute infirmière, se tenant "à la page", sait bien ce qui se fait pour elle, par elle et autour d'elle.

L'Association, toujours aux aguets, non pas pour surprendre nos secrets, comme dirait la chanson, mais pour aider les gardes-malades et protéger le public, voit à ce que son organisme fonctionne bien — que son état de santé reste au bon.

Pour ce faire, l'Association offre chaque année 2 et même 4 bourses d'étude à des infirmières, en faisant la demande. De plus, nous avons les Régistres, répondant aux appels 24 heures par jour, fournissant ainsi au public tout ce dont il a besoin et pour-

voyant en même temps au besoin de travail des gardes-malades. Le Comité Exécutif a, de plus, un sous-comité appelé comité d'éducation s'occupant activement des besoins des écoles de gardes-malades, travaillant en coopération avec les directrices de ces écoles. Un autre comité, non moins actif, est celui de l'hygiène publique, s'assurant ainsi que les membres de ces groupes soient qualifiés pour faire ce genre de travail.

Il y a près de deux ans maintenant, voyant la situation mondiale s'aggraver, et voyant le grand besoin de plus en plus urgent d'infirmières prêtes à répondre à l'appel du pays, l'Association Provinciale, par la voie de son Comité, décida de faire les dépenses nécessaires afin de permettre à ses membres de se refaire la mémoire ou de se mettre à la page et de faire donner, par toute la province, les cours : "Premiers secours aux blessés", ceci sous les auspices et en coopération avec la Société Ambulancière St-Jean. Quelques membres de l'Association se mirent donc au travail et à l'étude, se qualifièrent et reçurent leur certificat d'instructeur. Après avoir eu le plaisir et l'honneur de faire décerner 114 certificats, dans 4 hôpitaux de cette ville, j'avais la chance de visiter Chicoutimi, Trois-Rivières, Shawinigan, Sherbrooke, St-Hyacinthe, Hull, Valleyfield, Gamelin, ainsi qu'un petit groupe à Montréal, faisant décrocher ainsi 693 certificats — dont 384 à des infirmières religieuses — et 309 à des infirmières laïques. Nous nous mettions ainsi au rang de nos sœurs, gardes-malades des pays envahis, faisant un si grandiose travail parce qu'elles se sentaient et se savaient prêtes à faire face au danger.

En mai 1941, la situation mondiale devenant de plus en plus compliquée et le danger se rapprochant de plus en plus, les différentes Associations, telles la Croix-Rouge, la Société Ambulancière St-Jean parlèrent de resserrer les liens en se groupant davantage afin de pouvoir répondre aux besoins de "Chez-nous". Encore une fois, l'Association Provinciale prit l'initiative et forma un comité devant s'occuper de l'enrôlement volontaire des gardes-malades, établissant une différence bien définie entre gardes-malades graduées et aides-gardes-malades, ces dernières ne possédant qu'un certificat en pre-



miers soins ou en nursing, mais pouvant tout de même aider efficacement; ceci fait, l'organisation a vu à l'agencement de zones de secours — afin qu'il ne soit pas nécessaire que des infirmières d'un bout de la province aient à se déranger pour aller aider à l'autre extrémité — à moins d'un besoin de plus en plus grandissant. A ce propos, quelques-unes d'entre nous avons souvenance de la terrible catastrophe d'Halifax en 1917.

Aujourd'hui nous pouvons dire que nous sommes prêtes, que nous sommes organisées pour faire face au danger, et que toutes, tant que nous sommes, sommes à la hauteur de notre tâche — à la hauteur de notre profession de laquelle nous avons tant de droits d'être fières. M'adressant spécialement à mes compagnes, les infirmières laïques, je me demande ce que penserait — ce que dirait de nous l'immortelle Jeanne Mance — la première infirmière laïque de notre continent? N'est-ce pas, que nous sommes certaines qu'elle serait fière de nous?

Et voici un bref exposé de ce que fait l'Association pour nous, gardes-malades du Québec — et puisque nous avons des droits sur cette Association — n'avons-nous pas aussi des devoirs — l'un pourrait-il aller sans l'autre? — et, pendant que par le monde entier il n'est question que d'union — de fronts unis pour combattre pour la bonne cause et rapporter une victoire réelle et stable — pourquoi ne pas parler de coopération parmi les gardes-malades canadiennes-françaises? Union plus étroite veut dire : force plus grande, marche vers le progrès mieux assurée, et idéal à atteindre toujours plus haut — toujours plus beau. Semons aujourd'hui ce que nos cadettes récolteront demain, et que nous nous sentirions fières et hautes si dans 15, 20 ou 25 ans on disait de nous : "Comme elles s'aimaient, les gardes-malades de 1942!"

Et je termine par ces quelques lignes, puisées dans une plaquette que vient de publier l'Alliance Française de Montréal, sous le nom de "Quarante années au service de la Pensée Française", par Paul Villard : "Le dimanche 11 décembre 1921, l'Alliance Française de Montréal avait l'honneur ainsi de recevoir l'illustre Maréchal Foch dans la grande salle de l'hôtel Windsor. La salle était bondée et il fallut refuser l'entrée à un très

grand nombre de personnes bien que l'admission fût par carte personnelle. Le Maréchal fit son entrée aux acclamations d'une foule enthousiaste alors que l'orchestre jouait la Marseillaise et l'hymne national canadien. La salle avait été décorée à profusion aux couleurs françaises, canadiennes et anglaises. Le président du groupe, l'hon. juge Gonzalve Désaulniers, souhaita la bienvenue au Maréchal, lui disant en terminant : "Recevez, Monsieur le Maréchal, l'hommage de l'Alliance Française; c'est dans ce groupe que la France a trouvé au Canada depuis vingt ans ses meilleurs serviteurs. C'est d'ici que son génie a rayonné par la voix de ses penseurs, de ses écrivains, de ses artistes; c'est dans cette tribune que d'humbles héros, sans épées, sont venus de France pour changer le cours de certains événements par la seule puissance de leur parole." Se levant alors, le grand soldat fut de nouveau salué par des acclamations frénétiques : "Il m'est facile", dit-il, "d'exprimer ce que je ressens actuellement; l'hôte du Canada, dans un coin de terre française, je me sens parfaitement chez moi. L'Alliance Française a contribué à la victoire morale de la France. C'est par l'alliance des peuples amis que nous avons obtenu la victoire sur le champ de bataille. *Je salue cette union, dans ce pays, où flottent des drapeaux anglais et français.*"

Mlle Suzanne Giroux then brought the series to a conclusion:

Vous venez d'entendre Mademoiselle Albert dire ce que nous avons fait. Reculons maintenant plus en arrière au berceau même de la colonie, nous voyons s'élever à Port-Royal, à Québec, à Trois-Rivières et à Montréal d'abord un fort, une chapelle, une école et quelque fois même avant l'école un hôpital. Les colons comptent pour leur sécurité sur le fort, le clocher, l'école et l'hôpital; de nos jours les choses ont-elles bien changées? Il est vrai, que les forts ont été abattus mais il serait peut-être sage de se hâter de les reconstruire. Nos clochers nous guident toujours et attendent nos supplications et même si l'école disparaissait puis à son tour le clocher, le fort, l'hôpital demeurerait. Ici comme actuellement en Pologne, en Allemagne, l'hôpital demeurerait

le témoin d'une vie spirituelle que ni la guerre ni les persécutions ne peuvent abolir parce qu'elle vient de Dieu même.

Le rôle de l'hôpital et des infirmières est grand, en effet, ne représentons-nous pas la miséricorde de Dieu, sa bonté envers toute une population souffrante. Le but primordial de notre profession de toutes nos associations a été de tout temps de servir le public, de répondre à ses besoins. L'avons-nous fait dans le passé? Le passé est magnifique; c'est une épopée dont quelques unes des plus belles pages ont été écrites ici même dans ces murs de Québec. Le présent est excellent et le futur demandera à toutes les infirmières, particulièrement aux infirmières laïques d'écrire une autre épopée; les temps héroïques sont revenus.

Nous n'étudions pas ce soir les problèmes que l'après guerre peut nous amener; l'après guerre avec toutes ses victimes, blessés, orphelins, bouleversements sociaux et économiques etc. Contentons-nous d'étudier quelques problèmes amenés par la guerre, les remèdes qu'y apporteront une solution. De tout côté l'on se plaignait déjà avant la guerre qu'il n'y avait pas suffisamment de lits pour nos malades, nos tuberculeux, nos aliénés; à ce problème déjà ancien, d'autres viennent s'y ajouter, révélés par la guerre, par exemple, la mauvaise nutrition etc. Lorsque nous entendons le doyen d'une Université dire "ce mauvais état de santé menace la survivance de notre peuple", il faut s'arrêter — regarder combien de bras se tendent vers nous et demandent notre secours. Mesdemoiselles, c'est tout un peuple, une race fière qui demande notre aide.

La guerre a enlevé de nos cadres une grande quantité d'infirmières soit pour le service outre-mer, les industries de la défense nationale etc., pour la plupart des infirmières ayant de l'expérience, très souvent des qualifications spéciales et de grandes qualités. Ces infirmières venaient des hôpitaux aussi bien que du domaine de l'hygiène publique.

Premier problème. Un certain nombre de garde-malades bien préparées qui pourraient servir à former, à guider des infirmières plus jeunes, moins expérimentées ne sont plus à notre disposition. Ces mêmes industries de guerre avec leurs salaires alléchants

sont un attrait pour les jeunes filles et leurs parents. Ces derniers permettent que leurs jeunes filles abandonnent leurs études et les empêchent ainsi de répondre à l'appel de nos écoles de gardes-malades. Voilà le deuxième problème.

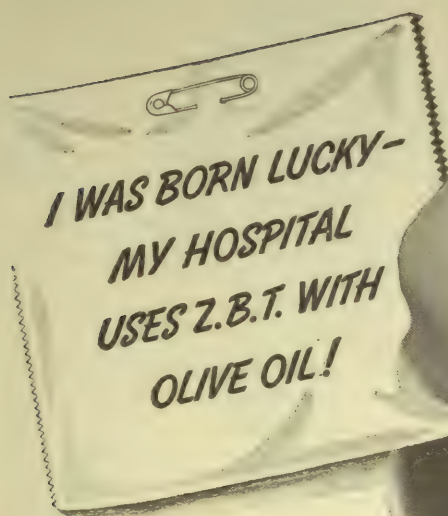
Si d'une part la guerre nous cause bien des ennuis, d'autre part, elle nous donne des consolations; comme le faisait remarquer Mademoiselle Ellis, que l'on ait fait appel à un si grand nombre de gardes-malades pour leur confier des postes de grande responsabilité, c'est reconnaître publiquement notre compétence. Que tant d'infirmières spécialisées comme hygiénistes, surveillantes institutrices aient été choisies prouve que des études supplémentaires ajoutant à la valeur de la garde-malade et lui donne du crédit. Voilà à mon avis deux constatations des plus encourageantes.

Dans le second problème posé, je disais: qu'un grand nombre de jeunes filles ou plutôt de parents attirés par le gain que procure les industries de guerre négligent l'éducation de leurs enfants et qu'ainsi les jeunes filles ne pourraient répondre à l'appel de nos écoles d'infirmières. Je crois, Mesdemoiselles, que je n'ai pas besoin d'insister après ce que je viens de dire sur la nécessité de l'instruction pour une infirmière. Si à l'hôpital lorsque l'élève est entourée d'hospitalières, de surveillantes, de directrices cette nécessité se fait moins sentir, lorsque l'élève devenue graduée est seule aux prises avec la vie, c'est là qu'elle verra qu'en voulant l'aider trop souvent on lui a rendu un mauvais service en n'exigeant pas qu'elle ait achevé ses études avant son admission à l'école.

Je résume donc les deux problèmes déjà exposés. Serons-nous en nombre suffisant pour répondre au besoin du public? Serons-nous préparées de façon à répondre aux demandes du public? Pour reprendre une phrase chère à Monsieur Churchill, "Aurons-nous les outils?" Je réponds dans les deux cas, oui. Il nous faut des garde-malades. Où aller les chercher? Ouvrez les journaux avec moi. Lisez. Voyez toutes les bonnes volontés qu'y s'y offrent. Toutes les femmes veulent se dévouer.

Permettez-moi une petite comparaison, la rivière débordant au printemps arrose le





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champs de mon voisin au point de lui nuire dans sa culture et passe à côté du mien sans s'y arrêter et nuit également à la mienne. Alors quoi faire? Nos deux récoltes sont indispensables, unissons-nous, canalisons la rivière et la moisson sera grande. Il en est de même de cette grande rivière de dévouement qui veut se répandre de tout côté, canalisons, dirigeons vers notre profession les âmes fortes avides non de gloire mais de dévouement, faisons un appel aux grands coeurs. Il n'y a pas de plus beau champ d'action pour une femme que la profession d'infirmière.

C'est une phrase qu'il faut redire dans tous nos pensionnats, dans chacune de nos écoles, chez nos amies, dans les familles et partout. Devant vous, infirmières religieuses et laïques je n'ai pas à faire la preuve de cette vérité.

Aurons-nous des infirmières préparées à répondre aux besoins du public? Les gouvernements ont été justement alarmés du mauvais état de santé de notre peuple; il ne s'agit plus que de donner des lits aux malades. Comme le disaient les Drs Sylvestre et Nadeau, lors de l'enquête faite sur l'alimentation dans nos familles. "La santé c'est un terme positif et non pas une simple négation, excluant les maladies qui vous clouent au lit, ou les troubles qui diminuent de moitié les capacités individuelles." Un des grands devoirs de l'infirmière de demain sera de maintenir notre peuple en santé.

A qui ce devoir sera-t-il confié? Tous les journaux parlent d'un des projets du gouvernement fédéral, celui d'instituer des assurances sociales. Je ne crois pas faire d'indiscrétion en disant que le gouvernement d'Ottawa a consulté des garde-malades de notre association nationale à ce sujet. A qui ce devoir de maintenir notre peuple en santé sera-t-il confié. Des médecins en auront la direction, mais qui aura la patience d'expliquer à chaque mère, la gravité d'une maladie contagieuse même bénigne, l'importance d'une diète, etc. Je ne vois que les infirmières. Elles auront ce grand rôle à jouer d'un océan à l'autre, des missions du nord aux frontières américaines. Serons-nous préparées à le jouer ce rôle qui prend une

telle ampleur? Oui, si d'ès maintenant nous nous mettons à l'oeuvre.

Quelques-unes me diront ces problèmes ne se font pas sentir chez nous. Peut-être, mais de nos jours il n'y a plus de distance et du fait il n'y a plus de temps. Et ce qui n'existait pas hier chez vous, peut y exister aujourd'hui et avez-vous bien regardé? D'autres me diront, je n'ai pas suivi de cours; à peine ai-je ouvert un livre depuis ma graduation, je suis une aussi bonne infirmière qu'une autre. Je n'en doute pas, mais permettez-moi de poser une question à cette garde-malade. Avez-vous fait tout le bien que vous auriez pu faire en continuant à développer votre belle intelligence en augmentant vos connaissances? De nos jours la lutte pour la santé se fait un peu comme la guerre actuelle. Le dévouement et le courage sont indispensables mais ne suffisent plus. Il faut être plus armées que jamais, il faut suivre le progrès et par-dessus tout il faut des chefs.

Toute une série de problèmes, analogues aux deux que nous avons étudiés ce soir, ont été présenté tant par notre association provinciale que les associations des autres provinces à notre association nationale:

1. Devant l'urgence de certains problèmes, l'association des garde-malades du Canada a cru bon de convoquer une assemblée spéciale de son conseil et d'y inviter des représentantes de toutes les Universités du Canada.

2. Là, des recommandations ont été faites dans le but d'aider à apporter une solution à ces problèmes.

3. Un comité d'urgence d'aviseurs en Nursing a été nommé, comprenant une représentante pour chaque province; pour la province de Québec, notre dévoué régistrai-re, Mademoiselle Upton, a été nommée.

4. Une infirmière a été choisie comme aviseur et chargée d'aider à mettre en pratique les recommandations faites par l'assemblée conjointe, c'est Mademoiselle K. Ellis que nous avons l'honneur d'avoir parmi nous. Mademoiselle Ellis à une grande expérience, comme directrice d'un hôpital, puis régis-traire provinciale, et actuellement professeur de Nursing à l'Université de Saskatchewan.





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5. Des demandes ont été faites auprès du gouvernement fédéral pour qu'une aide financière soit accordée à l'Association des infirmières du Canada.

Notre Association provinciale, ce sont nos problèmes qu'elle a présenté à l'Association des Garde-Malades du Canada et cette dernière en nous demandant d'appliquer les remèdes ou recommandations ne nous conseille-t-elle pas de voir à nos propres affaires, de s'occuper de notre santé professionnelle? Je demande à chacune de ne pas rester indifférente même si elle est satisfaite de son sort, mais si elle a fait sa part, qu'elle ne soit pas indifférente qu'elle prépare l'avenir.

Devant le travail qui nous reste à faire,

une fable me vient à l'esprit c'est celle du vieillard qui sentant sa fin prochaine dit à ses fils: "Un trésor est enfoui dans mon champ." Un peu comme le fils de ce vieillard nous n'avons exploité qu'une partie de nos richesses, sans faire rendre à nos talents tout ce qu'ils pouvaient rapporter, sans trop achalander nos écoles pour plus de savoir, sans retourner vers nos hôpitaux pour plus d'expérience.

Mais pour avoir notre grande place au soleil de l'avenir et cela en ayant des chefs, des infirmières parfaitement préparées, des infirmières spécialisées, faisons comme le fils du vieillard de la fable. Travaillons ensemble notre terre, notre profession, pour que chaque grain rapporte cent pour un, pour qu'elle demeure notre patrimoine.

## Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Jean Leask* has been appointed to the supervisory staff of the Toronto Branch. Miss Leask is a graduate of the School of Nursing, University of Toronto, and has recently completed one year of study and observation of public health nursing in the United States and Canada under a Rockefeller Foundation scholarship. Previously, Miss Leask was nurse-in-charge of the Regina Branch.

*Miss Phyllis Dawson*, a graduate of the School of Nursing, University of Toronto, has been appointed to the Toronto Branch.

*Miss Olive Bell*, *Miss Kathlyn McDonnell*, graduates of the Ottawa General Hospital, and *Miss Marie Kaufman* and *Miss Ruth Coldham*, graduates of St. Mary's Hospital, Kitchener, having completed two months' supervised experience on the Montreal staff introductory to Victorian Order work, have been posted respectively to Chatham, Woodstock (Ontario), Montreal, and Galt.

*Miss Dorothy Paulin* has been transferred temporarily from the Vancouver Branch to

the Westbank Branch as nurse-in-charge.

*Miss Dorothy Fowler* has been transferred from the Sydney Branch to the Sackville Branch as nurse-in-charge.

*Miss Ellen Linton* has been transferred from the Sackville Branch to relieve temporarily as nurse-in-charge of the Amherst Branch.

*Miss Margaret Baker* has been transferred from the Montreal Branch to the Sackville Branch.

*Miss Helen Rush* has been promoted from staff nurse to nurse-in-charge of the Galt Branch.

*Miss Flora Breese* has resigned from the Border Cities Branch to accept a position as school nurse in Windsor.

*Miss Anne McNichol* has resigned from the Amherst Branch.

*Miss Jessie Addison* has resigned from the Winnipeg Branch to accept a position as school nurse in Calgary.

*Miss Phyllis Kitchen* has resigned from the Toronto Branch to be married.

*Miss Margaret Brisbin* has resigned from the Chatham Branch.

*Miss Martina McDonald* has resigned from the Dartmouth Branch.



## Jaw Bones from Ribs

New noses, new cheek bones, new jaws, built up for the most part from the owner's ribs are among the achievements of plastic surgeons in Britain's hospitals today. Although the heaviest air "blitz" kills or maims only a fraction of the total estimated before the Luftwaffe came, the proportion receiving facial injuries is high. Thirty years ago many of these mutilations would have been beyond remedy. Today the plastic surgeon can virtually restore most of the features to normality. He will graft as much as a hundred square inches of skin from one part of the patient's body to another. A section of rib, six inches long, becomes a jaw bone. A woman smiling to greet a friend does so thanks to the section of sciatic nerve that keeps normal a face which would have been permanently twisted by deep glass wounds. Every week the surgeons of Britain are slowly and successfully rebuilding these features damaged by splinters and fragments of flying glass, wood and steel.

## Reductio ad Absurdum

If gorged with food and drink,  
We cannot use our intellects —  
(Latin Grammar — top of page).  
"You are too fat" — the doctor said,  
And nodded his sagacious head —  
"If I get thin," the nurse replied,  
"My spirit will be sorely tried!  
For I like pastry, candy, cake,  
Of salads drenched in oil partake!"  
"And you stay fat", he calmly stated,  
"Your years of life will soon be dated."  
And so she lost by night, by day,  
In every kind and sort of way.  
Since then four months have passed in line  
The scale now reads — one thirty-nine  
We cannot see where she is brighter  
But must admit she is much lighter.

Rose Mary Tansey

"OH, PALMOLIVE —  
MY FAVOURITE SOAP! I'M SO  
GLAD YOU USE IT HERE TOO!"



Nurses and Patients Agree:  
**PALMOLIVE**  
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(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

## NEWS NOTES

### ALBERTA

#### PONOKA:

Mrs. R. Headly, of Ponoka, made a recent meeting of Ponoka District, No. 2, A.A.R.N. very interesting by giving an informative lecture on the Constitution of the United States.

Miss Clara Schnell has joined the Military Nursing Sisters who are to be assigned to duty in South Africa. Miss Frances Langley is doing private duty nursing in Calgary. Miss Mildred Nelson has returned from duty at the Regina General Hospital Psychiatric Unit. Miss Margaret Tamblin has been transferred to duty at the Provincial Mental Hospital, Oliver. She will be supervisor of a new wing recently opened there.

#### LETHBRIDGE:

Miss Frances Harvey, superintendent of Galt Hospital, attended the annual meeting of the A.A.R.N. which was held in Edmonton. Miss Ruth Hooper and Miss Deborah Bond represented the private duty nurses of Lethbridge District, No. 8, A.A.R.N.

Miss Phyllis Clarke has accepted a position at the Vancouver General Hospital. Miss Irene Kennedy (Galt Hospital) has accepted a position at the Kelowna Hospital, B.C. Miss E. Elsgard (Galt Hospital) has accepted a position at Vernon, B. C. Miss D. Shaw (Galt Hospital) has accepted a position at the Claresholm Hospital, Alta. Miss Agnes Orr (Yorkton Queen Victoria Hospital, 1939), who has been on the staff of the St. Michael's Hospital for the past year, has been accepted by the R.C.A.M.C.

Married: Recently, Miss Olive Cardwell (Galt Hospital) to Mr. Robert Faulds.

#### EDMONTON:

##### *Royal Alexandra Hospital:*

The Royal Alexandra Hospital Alumnae Association entertained recently at a banquet in honour of the 1942 graduating class. About 200 guests were present. The speaker was the Rev. Canon A. M. Trendell who gave a most inspiring address. We were delightfully entertained in music by the Royal Alexandra Nurses Choral Club. A highlight of the evening was a presentation of a scholarship of \$250 from the Alumnae Association to Miss Annie Swift, of the class of 1940, who plans to take a postgraduate course in ward teaching and supervision at the School of Nursing, University of Toronto.

The staff of the Royal Alexandra Hospital entertained recently for the following nurses who are leaving for duty in South Africa—Miss Rita Cameron, Miss Evelyn



Sutherland, Miss Sadie MacDonald, and also for Mrs. Dorothy Halpeny who has received an appointment in the Naval Service, and Miss Evelyn Gault who is to be married shortly.

### BRITISH COLUMBIA

#### TRAIL:

On March 13 the Nelson, Trail, Rossland and Nakusp-New Denver chapters met in Trail, for their second annual meeting which was attended by 95 members. The meeting was preceded by a banquet at which Miss Vera Eidt, superintendent of Kootenay Lake Hospital, presided and Miss E. Mallory, provincial registrar, was the guest speaker. Miss Eidt gave a brief outline of the activities of the District, the highlight being the formation of the fourth chapter, namely the "Silver Arrow Chapter", which was formed on March 23, consisting of nurses from Nakusp and New Denver. Reports given by each of the chapters covered the work done and emphasized their success in fulfilling a need of contact with one another. Sister Annunciata, of the Rossland Chapter, in her report of the hospital and school of nursing section, stressed three facts which are of vital importance to the nursing profession as a whole: the need of stimulating student enrolments; the training of nurses' aides in connection with the Red Cross for war emergencies; better training methods for students and more post-graduate work for graduates. In her address Miss Mallory emphasized the shortage of nurses during the present conditions and ways in which the problem might be overcome without endangering nursing standards.

#### VANCOUVER:

The University Nurses Club, which includes all graduates of the public health nursing course and the teaching and supervision course at the University of British Columbia, recently held a delightful tea. Although the club is centred in Vancouver, many members from Fraser Valley points and Vancouver Island were present. Miss Alena Croll was in charge of arrangements.

A short business meeting was held, when the executive for the coming year was elected and presented to the group. They include Miss Margaret Kerr as honorary president; Miss Florence Barbaree, president; Miss Marion Wismer, vice-president; Miss Alma Buckley, corresponding secretary; Miss Dorothy Tate, secretary-treasurer; social convener, Miss Jean Dods. The club has forwarded a resolution to the Registered Nurses Association of British Columbia offering their assistance for any special duties in relation to war emergencies which the Association might assign to them.

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*Nurse..*  
**what's your name?**

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### Vancouver General Hospital:

The Vancouver General Hospital Alumnae Association sponsored two most opportune and stimulating series of lectures for graduate nurses, entitled "War Emergencies", and dealing with such vital subjects as first aid, wounds, burns and shock, control of incendiary bombs, and psychological reactions in emergencies. The need of such refresher courses was shown by the capacity attendance at both series. The net proceeds of \$320 were donated to the British Nurses Relief Fund.

### MANITOBA

#### WINNIPEG:

#### Winnipeg General Hospital:

The Alumnae Association of the Winnipeg General Hospital recently held a very successful silver tea. The president, Miss Isabel McDiarmid (1921) was assisted by the honorary president, Mrs. W. A. Moody (née Holland, 1892), and Miss Catherine Lynch (1924) in receiving the guests. The proceeds of \$187 were donated to the British Nurses Relief Fund.

Miss Eva Brown (1940) has joined the staff of the Trans-Canada Air Lines. Miss Isabel McDiarmid has recently been appointed director of the social service department in the W. G. H. Miss Mary Weeks (1941) has accepted a staff position at the W. G. H. We were very glad to hear from Miss O. Wicks (1928), Miss M. Waugh (1931), Miss K. King (1937), and Miss F. Olafson (1937) who are serving in South Africa.

### NOVA SCOTIA

#### HALIFAX:

A successful conference of hospital nurse administrators, directors of nursing, and representatives of the provincial association was held recently in Halifax to discuss problems of hospital nursing services in relation to the recommendations drawn up by the Canadian Nurses Association. Greetings to the conference were received from Miss Kathleen Ellis who expressed her regret at not being able to be present. Forty-one representatives of hospitals and of the nursing association branches from all parts of the province attended the meeting, and the discussions were freely participated in by those present. Tea was served at the Children's Hospital, when Mr. Wright, president of the Hospital Association of Nova Scotia and Prince Edward Island, spoke on the relationship of boards of directors to the nursing service of their hospitals.

It is hoped that the resolutions adopted at a recent meeting by the executive committee of the Registered Nurses Association of



Nova Scotia will result in relief of situations that are becoming acute.

Miss Kathleen Ellis, B.Sc., Reg. N., Emergency Nursing Advisor, Canadian Nurses Association, recently visited Halifax. This initial visit was necessarily a brief one, but she intends to visit the province at a later date. During her two days stay in Halifax, Miss Ellis made contacts with superintendents of hospitals, superintendents of nursing schools and their graduate and student staff, leaders in public health, and representatives of the University and of the educational department.

At a recent meeting of the Halifax Branch, R.N.A.N.S., Major Ernest Janes, surgeon-in-chief of the Cogswell St. Military Hospital, gave a most interesting address on recent advances in war surgery. A large number of military nurses were present as well as senior and affiliated students from the various schools of nursing. The attendance of 120 constituted a record.

### ONTARIO DISTRICT 1

#### CHATHAM :

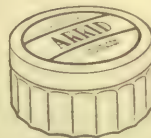
The annual meeting of District 1, R.N. A.O., was held recently in Chatham. Miss Jessie Wilson, of St. Thomas, presided at the meeting of the executive, followed by a delightful luncheon. The general meeting opened with prayer and the singing of "O Canada". The reports of the sections were gratifying and showed keen interest. Major Doris Barr outlined the plans for the R.N. A.O. meeting to be held in Windsor. Dr. J. L. MacArthur, in an address on obstetrics, stressed the importance of pre-natal care, and the part played by the thyroid gland in relation to abortions. Miss Edith Patterson, dietitian, of the Public General Hospital, Chatham, spoke on the importance of proper nutrition, particularly in wartime. She pointed out that proper nutrition is maintained not only by eating enough food, but also a sufficient amount of the right kind.

The following officers were elected to serve during the coming year: Chairman, Mrs. C. I. Salmon, Chatham; past chairman, Miss Jessie Wilson, St. Thomas; first vice-chairman, Major Doris Barr, Windsor; second vice-chairman, Miss Madalene Baker, London; secretary-treasurer, Miss Anne Kenny, Chatham; councillors: London, Miss Isobel Stewart; St. Thomas, Miss Edna Wightman; Strathroy, Mrs. Jean Wilson; Petrolia, Miss Ida Rathwell; Sarnia, Miss Doris Shaw; Windsor, Miss Mary Perrin; Chatham, Miss Hazel Gray; conveners of sections: hospital and school of nursing, Miss Priscilla Campbell, Chatham; general nursing, Miss Helen O'Mahoney, London; public health, Miss Margaret Armstrong, London; conveners of committees: membership, Rev. Sister Roy, Windsor; enrolment, Miss Della Birrell,

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Province of Ontario

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## EXAMINATION ANNOUNCEMENT

•

An examination for the Registra-  
tion of Nurses in the Province of  
Ontario will be held on May 27th,  
28th, and 29th.

Application forms, information re-  
garding subjects of examination and  
general information relating thereto,  
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Parliament Buildings, Toronto

London; publications, Miss Nellie M. Wil-  
liams, London; circulation of *The Canadian  
Nurse*, Miss Beryl Crawford, London.

The nurses were guests of the Public  
General Hospital and St. Joseph Alumnae  
Associations at a delightful tea. The spring  
meeting will be held in St. Thomas on June  
6, 1942.

### DISTRICTS 2 AND 3

#### GUELPH:

##### *Guelph General Hospital:*

Miss Ida Malloy and Miss Lois Black are  
doing industrial nursing in St. Catharines  
and Peterborough respectively. Mrs. J. M.  
Black and Miss Marguerite Singer are  
leaving shortly for military service in  
South Africa—Mrs. Black has been night  
supervisor of the Guelph General Hospital  
for the past five years. Word has been re-  
ceived that Miss Helen Hall arrived in  
South Africa in the early part of the  
year.

Miss Marguerite Hewitt left Canada re-  
cently for military service overseas.

#### KITCHENER:

The regular monthly meeting of the Alum-  
nae Association of Kitchener and Waterloo  
Hospital was held recently. The guests  
were the members of St. Mary's Hospital  
Alumnae Association, and the local chapter  
members. A musical program and a social  
hour were enjoyed by all.

#### STRATFORD:

At a recent meeting of the Alumnae  
Association of the Stratford General Hos-  
pital Mrs. H. M. Aitken, of Toronto, spoke  
on "To-morrow Will Come".

Miss C. Attwood and Miss A. C. Ballan-  
tyne attended the R.N.A.O. annual meet-  
ing in Windsor as representatives from the  
S.G.H. staff. Miss O. Bell represented the  
student body.

### DISTRICT 4

#### HAMILTON:

##### *Hamilton General Hospital:*

Miss Ada Squires, of the staff of the  
H.G.H., is now on active service with the  
R.C.A.M.C.

The following marriages have recently  
taken place: Verna Nicholson to L. Purnell;  
Gertrude Switzer to William Beaver; Edna  
Scott to Stanley Broughton.



## DISTRICT 5

## TORONTO:

*St. Michael's Hospital:*

The spring meeting of St. Michael's Hospital Alumnae Association was held recently when the election of new officers took place. Principal discussion centred around a motion offering two scholarships each year—one to a graduating student nurse, as usual, and the other to a graduate who has been practising two years or more. The majority of the members took an active part which we felt was an encouraging indication of the growing interest in postgraduate study. The final motion passed offered a scholarship of \$300 to each nurse with the option of borrowing another hundred dollars, if desired, from the Alumnae Association. Miss MacKay, of the Hydro Electric Co. of Ontario, gave an interesting talk on industrial nursing.

*Hospital for Sick Children:*

A meeting of the Alumnae Association of the Hospital for Sick Children was held recently when Dr. T. A. Robinson, of St. Michael's Hospital, gave an interesting and instructive talk on recent advances in modern surgery. This address dealt particularly with the sulphonamides and pentothal as a boon to surgeons. A social hour followed.

## DISTRICT 8

## OTTAWA:

*Ottawa General Hospital:*

The following nurses from the Ottawa General Hospital have enlisted for war services: In the R.C.A.M.C.: Nursing Sisters K. Bailey (1922), Gladys Clarke (1922), Anita Mercier (1933), R. Desrochers (1935). These have arrived overseas. At present stationed at Rideau Military Hospital, Ottawa, are: D. Brennan (1929), Anita Bergeron (1932), Willa Ahern (1935). At Kingston are: Roberta MacDonald (1938), Gladys Arcaud (1932). Enlisted in the nursing service of the R.C.A.F. are: Muriel Kavanagh (1936), Laurence Larocque (1933), Kathleen Costello (1934), Jeanine Coupal (1937). In the R.C.N.V.R. at St. Hyacinthe are: Sausta McCullough (1930), Margaret Dolan (1930).

## CORNWALL:

*Cornwall General Hospital:*

The following marriages of graduates of the School of Nursing of Cornwall General Hospital have recently taken place: Miss Eleanor Ruston to Mr. Delorma S. Fenton; Miss Beulah Vivian Kincaid to Mr. Herbert Allister Quart.

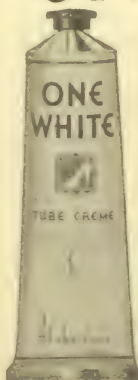


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FOR THE GENERAL MEETING  
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ASSOCIATION**  
June 22nd-27th, 1942.

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### DISTRICT 9

#### NORTH BAY :

At a recent Chapter meeting motion pictures were shown of Hawaii. It has been decided to hold a bake sale to raise funds for the British Nurses Relief Fund.

#### SAULT STE. MARIE :

Dr. C. H. Greig recently addressed the Chapter on the various treatments now in use for war wounds as compared with treatments used in the Great War and Spanish War.

Miss Madalene Baker, of London, Ontario, presented the growing need for organizing a central registry, emphasizing that registries strengthen the relationship between physicians, nurses and laymen, and between hospitals and nurses. An investigating committee was appointed to study this subject.

#### KIRKLAND LAKE :

Miss Vera Hall, convener of the aid to the British Nurses Relief Fund, reported that an average of \$10 a month had been collected. The holding of a class on air raid precautions is under consideration.

#### SUDBURY :

A meeting was held recently when Miss Madalene Baker addressed the nurses regarding the establishing of a central registry. Miss Baker was guest of honour at a tea held at the Copper Cliff Club. Practice of first aid procedures follows the regular chapter meetings.

Ways and means of raising money for the British Nurses Relief Fund was considered at a recent Chapter meeting. The students of St. Joseph's Hospital have contributed to this fund.

#### MUSKOKA :

At a Chapter meeting held recently Dr. M. M. Fisher, of Gravenhurst, addressed the meeting on the advancement made in medical research in the past twenty years. Interesting motion pictures were shown by Mr. Norman Wright. Miss Adelaide McKnight read a paper on Japan giving facts regarding its particular and peculiar attitude and belief in its divine right and fatalistic viewpoint.

Closer co-operation is to be maintained with the local Red Cross in connection with the collection of salvage.



## QUEBEC

## MONTREAL:

*Montreal General Hospital:*

Miss Catherine McKim (1933), Miss Margaret Lindsay (1939), and Miss Olga Morgan (1938) have been appointed as nursing sisters to serve in the military hospitals in South Africa. Miss Anne Cromwell (1925) and Miss E. C. Schroeder (1939) have been appointed nursing sisters to serve with the R.C.A.M.C., and are on the staff of a western hospital overseas. Miss Isabel Murphy (1926), who has been on the staff of Dr. Kelley's Hospital at Hawkesbury, Ontario, has been appointed to the R.C.A.-M.C. as nursing sister.

The following marriages have recently taken place: J. Marion Lawton (1941) to Harold D. Parsons; Florence Miller (1940) to William R. Mason.

*Royal Victoria Hospital:*

Madame Pozmanzka, who was the guest speaker at a recent meeting of the Alumnae Association of the Royal Victoria Hospital, gave an interesting talk on "Poland — Past and Present". A recent visitor to the School of Nursing was Mrs. A. C. Farlinger (Sara McCorquodale, 1919). Miss Jean MacKenzie, head nurse on Ward G, Men's Surgical Ward, has resigned.

The following marriages of Royal Victoria Hospital graduates have recently taken place: Esther Hood (1939) to Dr. T. H. West; E. Jean Blenkhorn (1940) to Sgt. E. Frank Carey, R.C.A.M.C.; Ellen Smith (1939) to Clinton McCutcheon.

*Jewish General Hospital:*

The nursing staff of the Jewish General Hospital have donated \$36.75 to the Canadian Red Cross Russian Appeal as the result of a recent entertainment, and \$27.50 to the Canadian Red Cross as the result of a similar party held at a later date.

## SASKATCHEWAN

## REGINA:

*Regina General Hospital:*

Very successful refresher courses for inactive nurses have been held during the winter months under the auspices of the Hospital and School of Nursing Section of the Saskatchewan Registered Nurses Association at Humboldt, Moose Jaw, Prince Albert, Saskatoon, and Regina. Publicity was given to the venture through the press and radio. Among the subjects was included a course in first aid by an instructor of the St. John Ambulance Association. A short intensive



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The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of \$300.00 to a member of the Association to assist her in undertaking, during the Session 1942-43, one of the regular courses given in the School for Graduate Nurses, McGill University, Montreal. The courses offered are: Teaching and Supervision in Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing; and Administration in Hospitals and Schools of Nursing.

For further information, and the necessary forms, please apply to Miss Catherine L. Anderson, Montreal General Hospital. Completed applications should be returned not later than June 1, 1942.

period was the method used by most of the subsections. In Regina the course started on November 4, and a two-hour meeting each week was carried on until March 24. A surprisingly large number of inactive nurses registered, and were most enthusiastic. Several of the centres have either given or are planning to offer a short refresher period on the wards of the local hospitals.

Miss Georgina Glasgow (1941) has recently been appointed charge nurse of Surgical Ward J.

Married: Recently, Miss Erna Meyer to Dr. J. J. Cunningham.

## NEWFOUNDLAND

### ST. JOHN'S:

The Newfoundland Graduate Nurses Association recently held a meeting with Miss Rose Berrigan presiding. The speaker of the evening, who was introduced by Miss Annie Bishop, was Surgeon Lieutenant W. C. MacKenzie, R.C.N.V.R., who spoke on the modern treatment of fresh traumatic wounds. The use of sulphanilimide powder, after the thorough cleansing of wounds, was strongly emphasized. The lecture was thoroughly enjoyed and closely followed. A lively discussion took place, classic cases were presented, leaving no doubt as to the efficacy of the treatment. A vote of thanks was extended to the speaker by Miss Syretha Squires, who took the opportunity to give, on behalf of the Association, a hearty welcome to the American and Canadian nurses who were the special guests. Miss Squires said, in part, "We welcome you as a brave band of women willing to undertake the vicissitudes of army nursing in any part of the world, and thereby emblazoning the Red Cross on the banners of human suffering". The American nurses are under the supervision of Lieut. Kurtz, R.N., who is a graduate of the well-known Walter Reed Military Hospital. Mrs. Mosher, R.N., represented the U.S. Engineer's Hospital, and the newly appointed Matron of the Naval Hospital, Miss Tibbard, R.N., was the Canadian representative.

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A Public Health Nurse is wanted by North York Township. The salary to begin is \$1500 annually. Send full particulars concerning training and experience to:

H. D. Goode, Secretary, Local Board of Health, Willowdale, Ont.

### WANTED

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is \$60 a month, with full maintenance. Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, The Laurentian Sanatorium, Ste. Agathe des Monts, P.Q.

### WANTED

Applications are invited from English-speaking Registered Nurses for General Floor Duty at the Homoeopathic Hospital, Montreal. Salary \$70 to \$75 per month. Meals and laundry are also provided, but not rooms. A full day off duty each week is granted. Apply to:

Superintendent of Nurses, Homoeopathic Hospital, Montreal, P.Q.

## . . . OFF . . . DUTY . . .

Not long ago . . . a group of editors held a meeting . . . to discuss ways and means of preventing waste . . . We Canadians have been an extravagant and careless lot . . . and now we must learn to accept short rations . . . We were the only woman present . . . and we darkly suspect we should not have been there at all if our sex had been known beforehand . . . Under these distressing circumstances . . . all we could do was to take an inconspicuous seat behind a convenient pillar . . . and try to get the benefit of hearing some uninhibited masculine comment . . . Conservation was admitted to be both desirable and necessary . . . but one of our fellow-craftsmen deplored the unseemly rush of selfish persons to purchase rationed articles . . . He said that as soon as he heard that the government might commandeer rubber he sent his secretary rushing round the five-and-ten but they hadn't a rubber band left in the place. We covered behind our pillar hiding our guilty knowledge that we had selfishly beaten the gentleman to it . . . and that if only they don't perish, we have a nice little hoard and even a few erasers . . . Then they began to talk about men's clothing . . . One rugged individualist . . . clad in baggy tweeds and smoking a bulldog pipe . . . said that this business of regulating how suits are to be cut is all poppycock . . . "What right has the government to say I can't have cuffs on my trousers? Just let them tell me how much I can spend for cloth and let me do the worrying about the pocket flaps. They've got a war on their hands haven't they?" . . . Then a meek little man, who looked as though he might be hen-pecked at home . . . suddenly became quite eloquent . . . "We've got to be firm with the women", he said, "we must lay down specifications and stick to them . . . they should all be put in uniform . . . it's the only way you can keep them in line" . . . There seemed to be a general impression that these stern disciplinary measures, while quite justifiable, might be difficult to enforce . . . The rugged individualist blew a smoke-ring and looked meditatively at the ceiling . . . "No use trying to boss them", said he . . . "it only makes them stubborn . . . some of them don't look so good in uniform . . . better let them make dresses out of curtains if they want to . . . anything to keep peace in the house" . . . The hen-pecked little man subsided . . . and the talk drifted to tires and oil . . . We found our thoughts wandering back to women . . . and their unwillingness to accept regimentation . . . After all, men are slaves to convention . . . in dress as in all else . . . and cling to meaningless appendages such as trouser cuffs and pocket flaps even in wartime . . . But women are born rebels and resist coercion . . . Uniforms, yes, under certain circumstances . . . provided it is understood that the living room curtains may suffer a sea-change if necessary . . . Our curtains are past praying for . . . but we have got a couple of chintz dress bags . . . with a cheerful pattern of parrots against a tropical background . . . Carefully unpicked and sewn together, they would make one more evening gown . . . before the hen-pecked little man puts us all into uniform . . .

— E. J.



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#### Saskatchewan Registered Nurses Association (Incorporated 1917)

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#### Regina Registered Nurses Association

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## Alumnae Associations

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#### A.A., Vancouver General Hospital, Vancouver

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#### A.A., Royal Jubilee Hospital, Victoria

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#### A.A., St. Joseph's Hospital, Victoria

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## MANITOBA

## A.A., St. Boniface Hospital, St. Boniface

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## A.A., Children's Hospital, Winnipeg

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## A.A., Winnipeg General Hospital, Winnipeg

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## NEW BRUNSWICK

## A.A., Saint John General Hospital, Saint John

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## A.A., L. P. Fisher Memorial Hospital, Woodstock

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## A.A., Glace Bay General Hospital, Glace Bay

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## A.A., Halifax Infirmary, Halifax

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## A.A., Victoria General Hospital, Halifax

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## ONTARIO

## A.A., Belleville General Hospital, Belleville

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## A.A., Brantford General Hospital, Brantford

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## A.A., Brockville General Hospital, Brockville

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## A.A., Public General Hospital, Chatham

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## A.A., St. Joseph's Hospital, Chatham

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**A.A., Cornwall General Hospital, Cornwall**

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**A.A., Galt Hospital, Galt**

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**A.A., Guelph General Hospital, Guelph**

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**A.A., St. Joseph's Hospital, Guelph**

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**A.A., Hamilton General Hospital, Hamilton**

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**A.A., Kitchener and Waterloo General Hospital, Kitchener**

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**A.A., St. Mary's Hospital, Kitchener**

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**A.A., Ross Memorial Hospital, Lindsay**

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**A.A., Ontario Hospital, London**

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**A.A., St. Joseph's Hospital, London**

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**A.A., Ottawa Civic Hospital, Ottawa**

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**A.A., Ottawa General Hospital, Ottawa**

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**A.A., St. Luke's Hospital, Ottawa**

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**A.A., Owen Sound General and Marine Hospital, Owen Sound**

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urer, Mrs. Ralph Snelgrove, 750 Second Avenue, West; Representative to R.N.A.O., Miss P. Ellis.

**A.A., Nicholls Hospital, Peterborough**

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**A.A., Sarnia General Hospital, Sarnia**

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**A.A., Stratford General Hospital, Stratford**

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**A.A., St. Thomas Memorial Hospital, St. Thomas**

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**A.A., The Grant Macdonald Training School for Nurses, Toronto**

Honourary President, Miss Pearl Morrison; President, Mrs. E. Jacques; Vice-President, Miss

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#### A.A., Riverdale Hospital, Toronto

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#### A.A., St. John's Hospital, Toronto

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#### A.A., St. Joseph's Hospital, Toronto

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JUNE  
1942



# THE CANADIAN NURSE

Canadian  
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(1) 1939. Canned Food Reference Handbook, American Can Company, Hamilton, Ont.

1938. Commercial Fruit and Vegetable Products, Second Edition, W. V. Cruess, McGraw-Hill, New York.

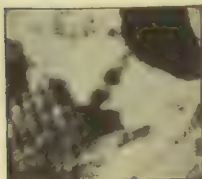
1937. Appertizing or the Art of Canning; Its History and Development, A. W. Bitting, Trade Pressroom, San Francisco.

1936. A Complete Course in Canning, Sixth Edition, Press of "The Canning Trade," Baltimore.

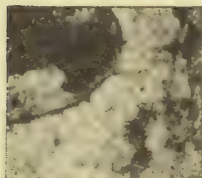


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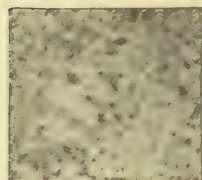
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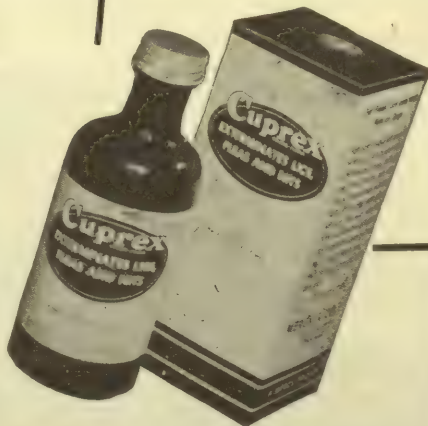
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## CONTENTS FOR JUNE, 1942

THE FUNDAMENTALS OF PROFESSIONAL LEADERSHIP	-	M. Lindeburgh	375
THE SNIVELY MEDAL AWARDS	- - - - -		382
BLOOD TRANSFUSION	- - - - -	D. P. Boyd	388
THE CANADIAN DIETETIC ASSOCIATION	- - - - -	J. M. Holder	392
THE PROVINCES SET THE PACE	- - - - -	K. W. Ellis	393
NOTES FROM THE NATIONAL OFFICE	- - - - -		397
MATERNAL WELFARE AND THE MATERNITY GRANT	- -	R. M. Simpson	400
WANTED—LEADERS IN THE GENERAL NURSING SECTION	- -	M. M. Baker	405
TRAINING PRACTICAL NURSES	- - - - -	M. M. Baker	407
AN IMPORTANT APPOINTMENT	- - - - -		408
A PLEA FOR THE GENERAL DUTY NURSE	- - - - -	A. F. Lawrie	409
IN MEMORY OF JEAN MACKENZIE	- - - - -		411
PROVINCIAL ANNUAL MEETINGS	- - - - -		412
OVERSEAS MAIL	- - - - -		418
CASE STUDY OF TREATMENT OF HAEMOLITIC JAUNDICE	- -	B. Convery	421
EXHIBITORS AT THE GENERAL MEETING	- - - - -		424
NEWS NOTES	- - - - -		428

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## Reader's Guide

The general theme of this issue of the *Journal* is leadership and the fundamentals of that difficult art are ably presented by **Marion Lindeburgh** who is herself an authority on the subject. Miss Lindeburgh is well known to Canadian nurses in the capacity of director of the McGill University School for Graduate Nurses and as the author of "A Proposed Curriculum for Schools of Nursing in Canada." The text of her article formed the substance of an address delivered at the annual meeting of the Registered Nurses Association of Ontario.

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The need for leadership in the private duty field was presented at the same meeting by **Madalene Baker** and it was evident to all who had the privilege of hearing her that she knew whereof she spoke. Miss Baker has herself experienced the trials and tribulations as well as the rewards of private duty. On behalf of her group, she has striven for better hours and working conditions and has already achieved a large measure of success. Miss Baker not only has the courage of her convictions but is also willing to put them to the test in terms of action.

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Blood transfusion has taken on added importance since the outbreak of war and it is necessary that nurses should be thoroughly conversant not only with the techniques but with the scientific principles on which they are based. Under the joint auspices of the hospital and school of nursing section and the public health nursing section of the A.R.N.P.Q., a well attended demonstration was given at the Royal Victoria Hospital by **Dr. David P. Boyd**, Assistant Resident in Surgery, Montreal General Hospital. We are grateful to Dr. Boyd for allowing the *Journal* to publish the excellent address which he delivered on that occasion.

In her capacity as Emergency Nursing Adviser to the Canadian Nurses Association, **Kathleen W. Ellis** tells us more about her fact-finding tour of the Dominion and, in "The Provinces Set the Pace", gives a vivid and heartening picture of the new and courageous projects which are being developed the country over.

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The Government of the Province of Saskatchewan has acquired an excellent reputation for progressive policies and methods in the field of public health. **Ruby M. Simpson** describes the nature and scope of the Maternity Grant which has done so much to promote maternal welfare in Saskatchewan. The grant is administered by the Division of Public Health Nursing of which Miss Simpson is herself the director. In recognition of her services in the health field, Miss Simpson was appointed to be an Officer of the Order of the British Empire and, for four years, served with conspicuous success as the President of the Canadian Nurses Association.

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A plea for a square deal for the general duty nurse is made by **Annie F. Lawrie** and is all the more convincing because Miss Lawrie has studied the situation from the angle of the director of nursing. Miss Lawrie is superintendent of nurses in the Regina General Hospital. Her article is the substance of an address delivered at a meeting of the Saskatchewan Hospital Association where, it is to be hoped, it did not fall on deaf ears.

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An article of unusual merit, written by **Barbara Convery**, appears on the Student Nurses Page. In a footnote her instructor raises an issue which deserves more attention than it usually receives. Comment is invited.



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## The Fundamentals of Professional Leadership

MARION LINDEBURGH, M.A.

The sociologist tells us that no group of people has ever existed which has not been vitally influenced by leadership. If this be true, the conception of leadership is as old as the story of mankind. History seems to support this statement. Records reveal that in primitive community life the chief of the tribe filled a significant role, as leader. As we trace the development of national groups, it becomes evident that great movements and reforms of a religious, social, political and educational nature received their impetus through the convictions, initiative, foresight and creative effort of great leaders.

With this thought in mind, a host of personalities pass before us: we could not fail to recognize a Napoleon or a Wellington, a Pasteur or a Lister; a Luther or a Knox; a Shakespeare or a Milton; a Gladstone or a Disraeli; a Rousseau or a Dewey; a Newton or an

Einstein; a Churchill or a Roosevelt. There seems to be no question about the universality of leadership. When we consider the increasing complexity of modern society, and the present general disruption of the world in which ways of thinking and behaving are in a constant state of conflict and change, it is apparent that its function is becoming evermore important and necessary.

We are assuming, of course, that the type of leadership of which we stand in great need at the moment, is not of the kind which is exercised by the autocrat or dictator. We do not need to be reminded of the existence of such leadership; we cannot deny the power of Adolph Hitler, but we denounce both his purpose and his methods. Such leadership as his has no place in the democratic way of life which regards the security, freedom and happiness of the

individual as fundamental principles.

The democratic countries entertain no doubts regarding the cause for which they are fighting, for their concept of democracy and democratic leadership is based upon our Christian ideals as these were revealed to the world twenty centuries ago. This character of leadership and its effect upon the people is described by the Psalmist in words which are familiar to us all: "The Lord is my light and my salvation; whom shall I fear? The Lord is the strength of my life; of whom shall I be afraid? Though a host encamp against me, my heart shall not fear; though war shall rise against me, in this will I be confident." The lines contained in the King's Christmas broadcast, which sank so deeply into our hearts, had their appeal because they also typified that kind of leadership, rooted firmly in our Christian faith:

I said to a man who stood at the gate of the year, 'Give me a light that I may tread safely into the unknown' and he replied, 'Go out into the darkness and put your hand into the hand of God. That shall be to you better than light and safer than the known way,' so I went forth and finding the hand of God, trod gladly into the night, and He led me towards the hills and the breaking of the day.

So, our ideas of leadership to-day and the characteristics of the desirable leader have evolved from Christian principles and practices. The leader of to-day in many fields of service has a much more difficult role to fill than in previous times, but the principles, essential qualifications and characteristics of leadership have not changed. It is based upon love for one's fellow-man. One who does not sympathize with people, who cannot put himself in ima-

gination into their place, who cannot share the life they live, or deny himself as they are forced to do or suffer with them if they must, is not capable of leading. A leader must be unselfish, thinking not only of the good of the cause but of the welfare of the group. It demands a resolute will, imagination, vision, enthusiasm, determination and courage to go forward. The leader must have faith in the cause as well as confidence in those who follow. The leader in his turn must be a follower of someone else, and by no means the least of his qualities must be a willingness to realize that he cannot be right all the time. "Only the person who never does anything, never makes a mistake."

The task of a leader is not an easy one; it represents hard work and many who aspire fail to achieve their goal because of circumstances which have proved too difficult for them, or because of weaknesses within themselves. Possibly the commonest reasons for such failure are unfavourable personality traits, an inability to inspire and maintain the confidence of people, and an unfortunate adherence to an autocratic instead of a democratic method of approach. Leading is not dictating. We all remember the old adage: "A man convinced against his will, is of the same opinion still." The job of the leader is not to tell while others listen; the leader who fails to listen to those whom he leads misses the essential things he needs to know. How can the leader make decisions for the welfare of the group, unless he listens to their difficulties.

In discussing this question of leadership, it is important that we should realize that it could not exist without followers. It is their accomplishment which is the justification and test of the leadership they have been given.



The leader inspires, stimulates and guides but he in turn is always inspired, stimulated and guided by the feeling and action of the group, and while he is the leader, at the same time he is seeking to recognize in the group, signs and qualities of potential leadership. Leadership has always been a motivating force in the development of all professional groups. We in the nursing field are mindful of the women who have gone before us, who have guided our thinking and strengthened our practice, who have helped us to retain the spiritual and human aspects of nursing which should distinguish at all times our professional service.

In our effort to meet the challenge of our time, we become more deeply aware of the figure of Miss Nightingale. Her conception of nursing as an art requiring not only skilled hands, but high ideals and a broad understanding of social conditions and human needs, her insistence upon culture and education as essential prerequisites, have served as the rock bottom for the building up of modern standards of nursing education and service. So often it is stated that Florence Nightingale marched ahead of her time, and this statement is a tribute to her imagination and insight into nursing as a profession which should deal with conditions of health as well as illness.

We are grateful too to Miss Nutting and Miss Goodrich for their philosophy and education outlook. They are staunch champions in the cause of nursing education. They have inspired nurses to make the most of themselves because of their firm conviction that the status of a profession is dependent upon the quality of its constituent members and the service which they render cannot be better than that which they are qualified to render. It is not my intention to eulogize the women who have

done most for the cause of nursing education in Canada. Like good captains, they took command of the wheel and steered us away from the rocks and out into the open sea. They have gone from the ship, but they have left the compass and the sextant in our hands. We shall not forget their determination to hold the course.

We who are nurses, and no doubt it is the same in other professions, possess a faith that at times of crisis and stress someone will arise in our midst to show us the way. Professional leadership should not be left to chance. The nursing profession has taken the initiative and assumed responsibility in many matters connected with nurses and nursing but have we given the necessary attention to the development of potential leaders. Our future as a profession can be great, but it is uncertain, and our stability and expansion of service will be determined in large measure by the leadership which we develop. Miss Dorothy Rogers, director of the School of Nursing, Presbyterian Hospital, Chicago, has recently said in an excellent article entitled "Vocational Guidance in Schools of Nursing and Nursing Service":

Every potentiality of individual ability, every unused quality of leadership, every element of strength that our profession possesses, both individually and collectively, must be ferreted out and put to use. Although the task of grooming others for first line duty be lacking in dramatic thrills, it is as essential as bales of bandages and tons of carefully knitted socks.

While every nurse should feel responsible for her own growth, there are many in our ranks who, perhaps because of lack of encouragement or opportunity, have failed to achieve the level of which they are capable. There

has been a great waste of human resources in all the professions and nursing has been no exception owing to failure to recognize and develop existing potentialities within our professional body.

What are the sources then, from which, our professional leadership may be derived? We might discuss for a moment the responsibility of our National Association in this regard. It is obvious that no Association can exist apart from the members of which it is composed. Its activities reflect the efforts of individuals and groups who participate. Policies adopted and action taken by the Nursing Council of England and Wales, by the American Nurses Association and the Canadian Nurses Association, since the outbreak of war, represent a necessary process of planning by members of the profession to whose leadership we trust. The stimulation and guidance which are being given at this time by the Canadian Nurses Association through the appointment of an Emergency Nursing Adviser will have inevitably far reaching results. The report which appears in the March issue of *The Canadian Nurse*, entitled "New Ways in Wartime," sets forth important recommendations which should be considered seriously by all the provincial associations. We do not look for immediate results; some of the objectives can only be achieved after a process of careful study and a period of trial.

The Survey of Nursing Education in Canada, published in 1932, served as a powerful impetus to progress and much has been achieved during the last ten years. We are much more able now to diagnose our own weaknesses, and we have high hopes that the recommendations made last September at the Joint Meeting of the Executive Committee of the Canadian Nurses As-

sociation and representatives of university schools of nursing, will serve during this time of war as a great challenge for the maintenance of standards of education and service.

If strong leadership is to come through our National Association, and our Provincial Associations too, a heavy responsibility lies upon nominating committees and voting bodies to propose and choose people who are best qualified to fill the various offices. In speaking of leadership through our Canadian Nurses Association, we must not overlook the significance of our national magazine, *The Canadian Nurse*. It serves as a source of stimulation and as a means of interpreting our nursing affairs. No one should fail to subscribe for one would miss a vital source for professional growth. The page entitled *Notes from the National Office* should be reviewed carefully. They are planned to keep nurses informed of the activities of the National and of Provincial Associations.

Let us now consider some fundamentals of leadership in their relation to schools of nursing and the service field. It is important in our modern system of nursing that we should regard posts in administration, teaching and supervision as positions of leadership, and nurses filling them should be carefully chosen and prepared. The duties of the administrator, the teacher, the supervisor, are differently defined but in each case they are responsible for the development and guidance of students and graduates who have less experience than themselves. In other words all executive posts should be considered as opportunities for leadership.

Let us begin with the administrator; what are the opportunities and responsibilities for leadership of the chief administrator? We have in mind particularly superintendents of nurses and heads of public health nursing organi-



zations. Emerson said, "Every great institution is the lengthened shadow of one man". While this statement would be challenged to-day, it does focus the flood-light upon the head of an organization as the source of inspiration and stimulation for the staff. Doctor Weir in the Survey Report describes the evolving role of the administrator in the following words:

Early administrative leadership in the nursing profession in Canada was largely of an inspirational and religious type. These early leaders resembled reservoirs of emotional and moral energy so fruitful in the overcoming of obstacles that beset the infant profession in the pioneering stage of its development. This stage is not yet past, and while the above type of leadership is still beneficial, if kept within due bounds, there is a paramount need to-day for leadership that possesses not only inspirational qualities, but also educational foresight, sound judgment, and competent administrative and organizing capacity.

This statement was made ten years ago, and if Doctor Weir were writing it to-day he could not express in better terms the kind of administrative leadership which we need at the present time. This statement still holds as a challenge to our Canadian Nurses Association, to Provincial Associations, as well as to all administrators of schools of nursing and nursing organizations.

The traditional administrative practice, whereby the head assumed the supreme prerogative, has been definitely modified by modern educational theory and practice. The successful administrator of to-day is democratic in outlook. She is aware that every member of her staff should and must accept certain administrative responsibilities, and it is her duty to help them to become increasingly efficient. She knows too that the administration of the institution as a whole can be effective only in so far as she is willing to relinquish authority and de-

legate responsibility to each member of her staff. She adopts this policy because she realizes that those members of the staff who are specialists in their respective fields are better qualified than she is to undertake certain administrative tasks. The democratic administrator has her reward in a sense of real satisfaction when she selects someone and trains her to do something better than she could do it herself.

It is significant and somewhat paradoxical to note that under the democratic system of administration more rather than less is required of the administrator. In one of her characteristic articles, Miss Lillian Clayton states that the successful administrator is a person with an understanding of the principles of education, and she has the conviction to hold fast to principles and the pluck to press on against existing difficulties. She has an outlook, with ability to share her experience with her staff; the patience to deal with imperfections and mistakes, the spirit to be cheerful and hopeful in the face of disappointments, the alertness to recognize progress when it occurs, and the good will to commend when it is merited. She is sincerely interested in the welfare of her staff, and knows them well enough to give them good advice. The administrator should be mindful that the kind of person the nurse is becoming is the important thing in her development. In other words, it is the person within the nurse that marks her as a potential leader.

It is, therefore, a fundamental principle of educational administration that each member of the staff should have some share in setting up objectives, forming policies and establishing practices with the institution, and all should be afforded an opportunity of discussing and contribution to the solution of administrative problems. In this way the head secures the interest, understanding

and support of the staff and provides for them the greatest incentive for independent co-operative and creative effort. This process results in the growth and development of all members of the staff, and it should predispose to development of nursing leaders.

That there is a great lack in the professional development of many nurses is shown by their reluctance to take part in nursing affairs, to stand upon their feet and express an opinion, or to offer a voluntary service. Self assurance and spontaneity can only be developed in a staff as a whole by affording each of its members an opportunity to use her initiative, think critically, express her opinions, and to participate in the various activities of the group. The only possible way of teaching people how to lead is to give them practice in leading. We learn best through the process of doing.

It might be asked how best can the administrator make contacts with members of her staff to assist them to further their own interests and their growth. Perhaps the most generally accepted method is that of the staff conference, which serves naturally as an occasion for guidance and the exchange of ideas. It also affords the head an opportunity to recognize the potential qualities of staff members.

Increasing emphasis is being laid upon the need of a systematic staff education programme in all nursing organizations. Quite apart from the educational value to the staff, there can be no question but that the improvement of nursing service results from development of the efficiency of the staff. This applies equally to hospitals and public health nursing organizations. There are difficulties which interfere with the introduction of a systematic staff programme. The pressure of service appears to be the chief problem in bringing the staff

together for instruction or conference. Public health organizations have perhaps gone farther in organization for staff education than schools of nursing, judging from observation and articles appearing on the subject from time to time in the professional journals. Because continuous education and development of the personnel is basic to effective service, it is now generally recognized that a staff education programme is an essential feature in any nursing organization.

There is a nursing group, other than the staffs of hospitals and public health nursing organizations, which stands in need of leadership namely, private duty nurses and general staff nurses. We have not thought of this group particularly in terms of potential leaders. Possibly because of the lack of organized educational supervision their potential resources have not been adequately tapped. We must remember that the private duty nurse goes into the homes of people whose attitudes towards nurses and nursing can mean much to our professional status. The good nurse in the home sells nursing to the public in a way no other nurse can do. It is, therefore, vitally important that she should keep up-to-date in general information, professional knowledge, and nursing techniques. She should be encouraged to continue her studies and to undertake refresher courses. The same applies to the general staff nurse. Just how best this may be accomplished is a problem in the process of solution. It is reasonable to hope that organized leadership of this group will evolve out of themselves.

We have so far been dealing with the matter of continuous growth of graduate nurses and the importance of utilizing the best of our professional material for the services that nurses are called upon to render; what about stu-



dent nurses? Amongst the students who enter our schools of nursing are the leaders of the future. It is surely short-sighted to wait until she graduates to evaluate a student's ability as a potential leader. This process should be commenced when she enters the school, and should be continued throughout the basic course. Teachers, supervisors and head nurses are responsible for the education of students and their leadership is an essential education function. More depends upon the selection, qualifications and personalities of the teaching and supervisory personnel than upon any other factor affecting the development of student nurses. The influence of an inspired, well informed and skillful teacher is the soul and substance of the curriculum. The classroom teacher has an opportunity for testing and evaluating the mental responses of students, and their capacity to do independent and creative work. Teaching is no longer regarded as a telling process, which is likely to paralyze learning; it is in contrast a means of stimulating the student to self-activity in developing new understandings, solving problems, and reaching decisions based upon reflective thinking and sound judgment.

Experience in the classroom is not sufficient for nursing education. It is on the wards, in contact with patients, that students develop the qualities that characterize the good nurse. It is by means of profitable clinical experience that students learn to become self-directed, self-controlled, kindly, co-operative and skillful nurses. Such qualities make for good nursing and they are also characteristic of potential leaders. The head nurse is in the most favourable position to recognize the abilities of students. She can evaluate them in many different ways: by their willingness and desire to give of their best to patients; by their reaction to con-

structive criticism; their alertness, ability to make patients comfortable; their enthusiasm and foresight; their ability to carry out nursing duties systematically, and so forth. It is necessary that the head nurse should have maturity, special preparation and experience that she may teach effectively, confer with students and evaluate them objectively. The importance of the clinical supervisor as a leader and counsellor of students has not yet been fully appreciated. Miss K. Tucker has said that a supervisor is a teacher, first last and all the time. As student nurses advance in their course, the supervisor, more than any other member of the staff, should be capable of offering vocational guidance to aid students in choosing the field of service for which they are best fitted, and in which, therefore, they will probably be most successful.

I meet head nurses and supervisors who have the right educational outlook and are doing their best to meet the needs of students; but until their administrative load is adjusted in such a way as to give them the requisite time to develop a clinical programme, and for their own preparation, this goal cannot be reached. As increasing emphasis is placed upon the careful selection of students (and we must not lower the standards even in wartime) and when the education programme conforms more closely to standards as outlined in the proposed curriculum, a much firmer basis will be laid for the building of professional leadership in nursing.

In the last analysis, the status of nursing, the achievements of nurses, their professional conduct and their influence upon the public will be determined largely by the quantity and quality of the leadership which is provided. A crisis such as we are now facing is a real test of the stuff of which nurses are made. For those in military service par-

ticularly, who will have to make many difficult adjustments, it will be a test of their emotional stability, their ability to maintain professional dignity and poise, to adhere to ethical principles of professional conduct, to maintain the confidence and respect, not only of those whom they nurse but also of those with whom they work. However every person cannot be equally strong, and in fulfilling the functions of leadership, let us remind ourselves that a chain is only as strong as its weakest link and that it is our moral duty to retain a sympathetic attitude and to offer a helping hand.

Miss Nutting, in addressing a group of nurses graduating from the Vassar School during the last war, concluded her address in words which I should like to quote in closing my own remarks:

"The steadfastness with which we hold to a high purpose through trying times, in the fortitude and faith with which that purpose is pursued in the face of discouragement and sometimes defeat, in the sense of responsibility to stand by our work as a captain stands by his ship — in these things is the test of the character and worth of the nursing profession."

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## The Snively Medal Awards

The Mary Agnes Snively Award Committee is fully appreciative of the extraordinary honour and privilege conferred upon it in this opportunity to formally announce the medal awards for 1942. The reason for this unusual procedure in announcement will be readily understood.

The Mary Agnes Snively medals constitute a memorial to the Founder of the Canadian Nurses Association and bear her name. They are awarded at each Biennial Meeting to nurses who, in the considered opinion of the provincial associations, exemplify in their professional work the lofty ideals and standards of service which characterized the life of Miss Snively. That she may continue to live in the hearts and minds of those who carry on the work she loved and served so ably, is the cherished hope expressed in the ceremony of the presentation of the medals.

The awards for 1942 will bring to twelve the number of Canadian nurses who are privileged in the possession of the honour of the Mary Agnes Snively

medal. All are women of distinction who have been unfailing in their loyalties and unstinting in their efforts toward the advancement of nursing education and nursing service. To the list of previous years we now add the names of Grace M. Fairley, Director, School of Nursing, Vancouver General Hospital, and President of the Canadian Nurses Association, E. Frances Upton, Executive Secretary, Association of Registered Nurses of the Province of Quebec, and Eleanor McPhedran, Victorian Order of Nurses, Calgary. Announcement of the selection of these well known women will be received with pleasure and pride by their associates everywhere. The highest possible tribute is richly merited by them.

Very special felicitations will go to the President, Miss Fairley, as this honour is bestowed upon her at the conclusion of four years of service as chief officer. The unwavering determination, keen foresight, and abounding courage displayed in her leadership during a period of unprecedented world



stress, has won for her the admiration of all.

Presentation of the awards will take place on the evening of Monday, June 22, in Montreal, Quebec, on the occasion of the General Meeting of the Association. The presence of all three recipients at the ceremony is anticipated, a fact which will add immeasurably to its interest.

RUBY M. SIMPSON

*Convener, Mary Agnes Snively  
Memorial Award Committee.*

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### Grace M. Fairley

"We must not think in terms of east or west but rather of what will help to develop nursing throughout Canada". This was the message sent to the members of the Canadian Nurses Association by their National President in 1938. Nurses in Canada are now privileged to honour Miss Fairley with the Agnes Snively Medal Award. It is a most fitting tribute to the sentiments expressed in this message and the many professional contributions made by Miss Fairley, in which this spirit is reflected.

Born in Edinburgh, Scotland, Grace Mitchell Fairley was educated in that famous centre and truly represents the sterling qualities of the Scot. After graduating from the Swansea General Hospital, Miss Fairley held a number of responsible positions in the Old Country before the spirit of adventure brought her to Canada. In this country, her gifts to nursing and nursing progress have been most signal ones. As an administrator, Miss Fairley's record is an unusual one. She had held positions of outstanding importance in three different provinces, reaching from Quebec to British Columbia. From 1912 to 1929, she served successively as superintendent

of nurses at the Alexandra Hospital in Montreal, the Hamilton General Hospital, and the Victoria Hospital in London, Ontario. In 1929 she accepted an urgent invitation to become director of nursing and principal of the school of nursing at the Vancouver General Hospital and still holds this position, with the honour of having recorded the longest tenure of that office in the history of the hospital. In her thirteen years of office Miss Fairley has sponsored many progressive changes at the Vancouver General Hospital; she has re-organized services and departments with true astuteness; she has retained the best of the traditions but infused them with changes conceived out of the wealth of her professional experience.

Miss Fairley is among the limited number of brave women who have faced the problems of administering a nursing service during the two great wars. She has done so with courage and the conviction that it is essential to victory that some should "carry on". She has accepted the responsibility with a deliberate appreciation of what service on the "home front" means at such times, and the cost of giving it.

Miss Fairley's contributions to professional organizations have been unique and varied. She was the first president of the Association of Registered Nurses of the Province of Quebec, and has held a similar office in the Registered Nurses Association of British Columbia. She has filled other executive offices in both Associations, and has been untiring in her support of professional activities. In such developments, Miss Fairley's interest has not been limited to provincial associations; she served as councillor and later as president of the Canadian Association of Nursing Education before this organization fused into the national association; at various times she has held the office of vice-president



GRACE M. FAIRLEY

*Photo by Artona, Vancouver*

and councillor of the Canadian Nurses Association. From 1930 to 1934, as chairman of the Nursing Education Section, Miss Fairley laid the foundation for many progressive educational developments that have taken form of recent years in Canada. In all her professional relationships, Miss Fairley has shown a breadth of vision, tempered by caution, and an intuition which is the proverbial heritage from her native land. The professional offices held by her have extended outside Canada; from 1916 to 1917 she was vice-president of the American Hospital Association and, at the present time, holds a similar office in the International Council of Nurses. With a true responsibility of citizenship, Miss Fairley has identified herself with many interests outside the profession. She is an active Soroptimist and a past-president of a Soroptimist club. She is also a member of the Women's Canadian Club and other wo-

men's organizations in which she represents the high ideals and professional aspirations that she consistently supports.

It is as president of the Canadian Nurses Association and vice-president of the International Council of Nurses that nurses in Canada honour Miss Fairley today. With a fine spirit of leadership, untiring devotion and human understanding, she has guided the activities and destinies of the Canadian Nurses Association through very unusual and most difficult times. Those who have worked with her during the present crisis, realize the demands that have been made upon her since the outbreak of the war. She has become a seasoned flyer in the cause of nursing and, in good weather and bad, has crossed the continent to preside at important meetings. She has done so with graciousness and enthusiasm that have readily infected and inspired others.

It is not necessary to know Miss Fairley very intimately to appreciate her many and rare qualities, including a charm of personality and generosity of outlook that are sustained under the most exacting conditions. Her keen mind travels quickly from one important topic to another with precision and a crispness of thought that challenges most conversationalists. She has a ready wit, and rare sense of humour that has saved many situations. Somewhere in Vancouver there is a delightful retreat to which, at intervals, Miss Fairley threatens to retire. If, and when, she does so, it must be with memories of abundant accomplishment and a trail of honourable tradition, built by a spirit of devotion and courage and faith in the future of nursing, which she offers as her contribution and which present a challenge and inspiration to nurses in Canada and other lands.

— KATHLEEN W. ELLIS



**Eleanor McPhedran**

Miss Eleanor McPhedran was born in Lambton County, Ontario, and educated in the schools of Strathroy and the Normal School, Toronto. Her professional training was received at the School of Nursing of the New York Hospital, New York, under Dr. Annie W. Goodrich whom she considers the outstanding influence in her nursing career. Following graduation, Miss McPhedran did both hospital and private duty in New York, going to Alberta in 1910 as assistant to the superintendent of nurses at the Calgary General Hospital, which position she held for three years. Then followed a year of school nursing, and a year as Matron of the Ogden Military Hospital. Joining the Canadian Army Medical Corps, she then served overseas at Shorncliffe in England, at Le Tréport in France, and at Rhyl in Wales. She returned to Canada in June 1919, and was appointed Matron of the Belcher Military Hospital. On the opening of the Central Alberta Sanatorium for Tuberculosis in 1920, Miss McPhedran was appointed Matron which position she held until 1935 when she retired. Much too active to stay in retirement she returned to Calgary after a rest at the coast and is now the secretary of the Victorian Order of Nurses there.

Ever generous of her time and effort, far-seeing and with a faith in nurses and in the wisdom of directing their own affairs, Miss McPhedran was one of a very small group to overcome the difficulty of organization in the sparsely settled province of Alberta. Through the efforts of this small group, nurses were eventually organized and placed with other professions under the aegis of the University of Alberta. She was one of the charter members of the Registered Nurses Association, with

the registration number of one. Miss McPhedran has been at various times president and secretary-treasurer of the Alberta Association of Registered Nurses and represented the nurses on the Senate of the University for ten years. She served for four years as the nurses' representative on the School of Nursing Inspection Committee set up by the Senate of the University, and also made the first individual survey of the schools of nursing in the province for the Registered Nurses Association. Her experience in private duty, hospital and school work, and her experience overseas gave her a wide understanding of what nurses should know and do. She used the past not as something to hold up as a model but as a guide to better things.

In addition to her nursing interests and activities Miss McPhedran read extensively, played golf, climbed moun-



ELEANOR MCPHEDRAN

tains with the Alpine Club of Canada and is still interested in the Alpine Club from a club-house point of view. She is also an active member of the Overseas Nursing Sisters Association. Miss McPhedran has done nothing spectacular. She has, however, contributed largely towards making nursing in the West the progressive thing it is today. The Canadian Nurses Association, in conferring on her the Mary Agnes Snively Medal, recognizes the enduring value of her work.

—F. MUNROE

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### E. Frances Upton

In selecting Miss E. Frances Upton as a recipient of the Mary Agnes Snively Medal, the Canadian Nurses Association officially recognizes her as one who exemplifies the ideals of Miss Snively. Miss Upton was born in Montreal, and her Irish ancestry endowed her with a sense of humour and a fighting spirit which have helped her through many a difficult situation. She received her early education in Montreal and then entered the School of Nursing of the Montreal General Hospital where she came under the influence of Miss Livingston, who shared with Miss Snively in building the "Snively-Livingston Tradition" in Canadian nursing.

Following her graduation, Miss Upton served successively as superintendent of a private hospital and as acting superintendent of the Montreal Maternity Hospital until, at the outbreak of war, she volunteered for military service and spent four and a half years in England, France and the Middle East. In 1915, she was sent to France on loan to a British hospital and as soon

as No. 1 Canadian Stationary Hospital was completed at Wimereux, was transferred there and helped to care for the first gas casualties of the war. Shortly afterwards Miss Upton was sent to the Island of Lemnos, where the sick and wounded were cared for during the ill-fated Gallipoli campaign, and was mentioned in despatches for her work there. After unbelievable hardships, the forces were evacuated to Egypt and a brief respite in Cairo preceded the next move which took her to Salonika for a year and a half before recall to England. From there a six weeks leave in Canada was arranged "without expense to the public", as the order read. While in Canada, Miss Upton was gazetted for the Royal Red Cross, and the day after her return to England she was summoned to the investiture at Buckingham Palace.

Her next move was to Hastings, and, when the Armistice was signed, she was serving at Bramshott Camp where the influenza epidemic was raging. She returned to Canada in 1919 but a recurrence of malaria, contracted in the Near East, sent her to hospital, and it was not until early in 1921 that she was again fit and ready for duty. At that time she became superintendent of nurses at the Sherbrooke Hospital where she reorganized the nursing service, and initiated a sound educational program.

In search of new worlds to conquer, Miss Upton entered the School for Graduate Nurses at McGill University and received the certificate in administration in schools of nursing and then returned to the Montreal General Hospital where she became assistant in the training school office. Then came another major undertaking in which she created a tuberculosis sanatorium out of the temporary soldiers' hospital at Ste. Agathe, gathered a nursing staff



## THE SNIVELY MEDAL AWARDS

and, in six weeks, was ready to admit patients. Three weeks later she established the first tuberculosis course in Canada for graduate nurses.

In 1929, Miss Upton was persuaded to leave her beloved Sanatorium to undertake the task of organization for the International Congress of Nurses held in Montreal in July of that year. Her work for the Congress Committee led to the discovery of her organizing ability, and in September she assumed the office of executive secretary and official school visitor for the Association of Registered Nurses of the Province of Quebec. After demonstrating the need for adequate office accommodation and up-to-date methods of keeping records and files, she then turned her attention to the all important work of raising standards of nursing through better administration of nursing schools, and more effective educational programs. The situation was made more difficult by the fact that the nurses of two language groups had had little encouragement to work out their problems by joint action. The fact that she was able to speak both languages, and her willingness to see the point of view of both groups, made it possible for her to make an outstanding contribution. In her visits to the schools, she strengthened the hands of many a superintendent and instructor, giving them the courage to go forward. Not long ago, one of her French-speaking colleagues remarked, "No other person could have done for us what Miss Upton has accomplished in ten years."

In addition to provincial and national responsibilities, Miss Upton has also been a loyal member of the Alumnae Association of her own School, but perhaps one of her greatest achievements has been her service to the School for Graduate Nurses of McGill University.



E. FRANCES UPTON

When the depression threatened to close the School in 1933, Miss Upton kept the door open by sheer determination and hard work when faint hearts were ready to acknowledge defeat. For five years she rallied the graduates of the School to its support, and for a further five-year period, spurred them on to secure the necessary funds from public-spirited citizens.

British to the core and ready to fight, and fight hard, for a just cause, passionately devoted to nursing and the highest ideals of the profession, Miss Upton has earned for herself a very special place in the affections and esteem of her fellow nurses. The nurses of Quebec are proud of this well deserved honour to be bestowed upon Frances Upton, and it is fitting that the award should be made in Montreal, the city of her birth.

— MARY S. MATHEWSON

# Blood Transfusion

DAVID P. BOYD, M. D.

Through the ages biologically minded alchemists have dreamed of infusing youth into the aged and health into the ailing by the transfer of blood. However, no record is found until 1492 when large amounts of blood were removed from three youths and administered to Pope Innocent VIII. The three donors and the Pope all died, the Pontiff outliving the unhappy youths by several days. It should be added that there is considerable doubt in the minds of medical historians as to the actual occurrence of this incident.

In 1628 William Harvey gave to the world his immortal work "De Motu Cordis" in which he described the circulation of the blood. The enunciation of this supremely important discovery made blood transfusion for the first time feasible and it was not long before experiments were being recounted. Thus we learn from Mrs. Samuel Pepys (who, like her famous husband, kept a diary and who had been to the country to escape the plague raging in London), that some friends had successfully transfused the blood of one dog into another. The man whose name is associated with this first authentic blood transfusion is Richard Lower and it took place outside London in 1665. A few years later a Frenchman (Jean Denys) repeated this experiment and subsequently transfused a man with the blood of a sheep. However, as was inevitable when the operation began to be practised more widely, numerous deaths occurred so that finally the government of France was compelled to entirely prohibit transfusion. Thus transfusion slumbered for over a hundred years.

During the first half of the nineteenth

century we read of occasional attempts in England and by 1850 a modest series had accrued. However the introduction of intravenous saline in 1875 with its ease of administration and ready availability and safety placed transfusion again in the background, this time for a quarter of a century. Three factors handicapped these pioneers: the tendency of the blood to clot as soon as drawn; the incidence of infections in donor and recipient, because transfusion in those days was a surgical operation; and finally, a post-transfusion syndrome ending in death which we now know to be caused by incompatible blood.

Toward the end of the last century, the science of bacteriology, long in its infancy, began to mature and with the new knowledge came the means of preventing and treating infections. Moreover, in 1901 Landsteiner showed that the bloods of different persons were biologically different, and warned that fatalities might occur from unmatched blood. Jansky in 1907 and Moss in 1910 described the four groups of human blood. Thus two of the obstacles were overcome but the problem of rapid coagulation of drawn blood remained. In 1916, when the first transfusion was done at the Montreal General Hospital by Dr. C. K. P. Henry, coagulation was prevented by receiving the blood into paraffined flasks. Two years later sodium citrate was first used in that institution and the problem of clotting was largely solved. The most important recent contributions to transfusion therapy have been the development of the blood bank and blood substitutes, and the introduction of closed systems for taking and giving blood.



The composition and functions of blood must ever be borne in mind if therapy is to be most effective. Blood is a living tissue consisting of 45% cells and 55% fluid or plasma. The red blood cells are concerned chiefly with the carriage of oxygen, the white cells with defence, and the platelets with coagulation. The plasma contains proteins which are concerned with maintenance of the blood volume and pressure with nutrition.

The indications for blood therapy have been greatly expanded in recent years but haemorrhage and shock remain the most important. The haemorrhage may be acute, as in massive haematemesis or ruptured ectopic pregnancy, or it may be chronic as in malignant disease of the bowel or genital tract. Shock may be simply if inadequately defined as a tissue lack of oxygen due to reduced blood volume and pressure. In severe trauma or burns large amounts of plasma are poured out of the blood stream at the site of the injury. Thus there is not enough fluid left in the blood vessels to maintain blood pressure so the tissues are starved of oxygen. This starvation aggravates the disturbance by paralysing the small blood channels thereby causing further loss of plasma. Thus a vicious circle is set in motion. Blood is freely used in jaundice to prolong the coagulation time, although other means of achieving this have lately been discovered. Severe and chronic infections and blood dyscrasias are also indications.

Of great interest today are the substitutes for blood. However, it may be safely said that there is probably no entirely adequate substitute for freshly drawn human blood. A few of the substances used will be mentioned with comments.

*Saline and Glucose Solutions:* These agents are of next to no avail in severe shock and

haemorrhage because they are poured directly out of the circulation and thus have only the most transient effect on the blood volume and pressure. In fact it has recently been emphasized that saline and glucose may even wash out good protein and thus aggravate the condition.

*Gum Acacia:* This material, because of its specific gravity, was thought to be a logical substitute for the proteins of blood. The high incidence of reactions, its persistence in the body and other deleterious effects have well-nigh placed acacia on the shelf of disuse.

*Ascitic Fluid:* Concentrated fluid tapped from the peritoneal cavities of patients with hepatic cirrhosis and heart disease has been tried with favourable results but the supply is limited.

*Protein Derivatives:* These have been suggested with the idea of stimulating the body to manufacture its own protein in an emergency fashion. Conclusive reports are not yet available.

*Blood Plasma:* If the cells of blood are allowed to settle the remaining fluid is known as plasma. This fluid maintains the blood volume and pressure by virtue of its proteins. If properly prepared and diluted, plasma can be stored for months as a liquid and if frozen or dried to powder can be kept for years, always readily available. Reactions are unusual and since it contains no cells it does not have to be grouped. Thus plasma is an ideal emergency substitute for whole blood.

*Blood Serum:* If blood is allowed to clot, the clear yellow fluid remaining after retraction of the clot is called serum. Serum has all the advantages already mentioned for plasma, indeed it is even more durable in storage, but reactions are more frequent than with plasma.

*Animal Plasma (fractionated):* Recently a new and exciting chapter was opened in this work when it was found that if a particular part of the plasma protein (globulin fraction) was removed, the remainder (albumin fraction) was entirely free of toxicity. Furthermore, this was also found to hold true to a great extent when animal (bovine) plasma was transfused into man.

This is surely the most promising advance of all since, unlike human plasma, bovine plasma would be limitless.

*Citrated Bank Blood:* This is widely used as a substitute for fresh blood. Opinions vary as to how long blood should be stored and what it loses thereby. At the Montreal General Hospital, blood which is not used after one week is converted into plasma. Other institutions vary from forty-eight hours to three weeks. The white cells, platelets and prothrombin of blood are probably all lost after a few days. Thus in the treatment of jaundice and severe infections fresh blood is desirable if not essential. However, the red blood cells retain their oxygen carrying power for over a week in the refrigerator, and it is said that 70% of the red cells are alive in the recipient's blood two weeks after a transfusion.

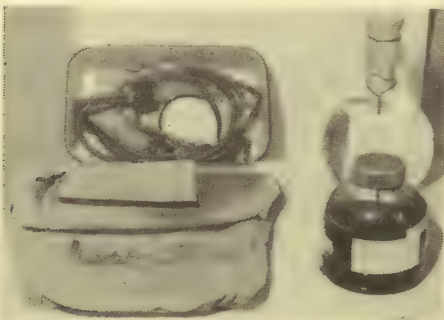
*Placental Blood and Cadaver Blood:* Practical considerations, such as high incidence of contamination and limited supply, prohibit widespread use of these potentially useful sources of blood for banks.

It is a sound clinical principle to prescribe all therapeutic agents with the greatest care and never haphazardly. The dangers associated with blood transfusion are few but very real, and perhaps the first to consider is the transmission of disease. In actual practice syphilis has been the worst offender, but it has been almost entirely eliminated by routine flocculation tests of all donors at the time of the grouping and cross-

matching. It is true that there is a period in luetic infection when the Wassermann reaction is negative but this is short and there are less than two dozen reported cases of transmission with a negative serology.

A second danger in transfusion therapy is that of "reaction", a designation covering a variety of phenomena usually classified as febrile, allergic and haemolytic. The commonest are the febrile reactions which are due to the presence of foreign proteins in the apparatus. Supremely important as are the body's own proteins, yet the organism does not take kindly to proteins from other sources. These contaminants (which are called pyrogens) are most frequently from new or inadequately cleansed rubber tubing or other apparatus. The body's response consists of fever and perhaps a chill. These reactions subside spontaneously in a few hours, being aided by internal and external heat. The allergic reactions, which take the form of an urticaria, are responses to antigens in the donor's blood and are best avoided by using fasting donors who have no history of allergy. The urticaria responds well to epinephrine.

The reactions due to mismatched blood are the most serious, although rare. Transfusion of incompatible blood results in a widespread clumping of the red cells. These masses plug the small vessels of the kidneys, distend the capsule of these organs and so cause backache. Backache in the course of a transfusion then, is an ominous symptom. Other early signs and symptoms are chills, dyspnoea and collapse as shown by a rising pulse and a falling blood pressure. If the kidney is able to excrete the broken-down haemoglobin the patient recovers; if not, a uraemic state supervenes. The clumps of red cells undergo haemolysis in the blood stream and jaundice appears. While the fault



*Equipment for transfusion*



## BLOOD TRANSFUSION

in this case is with the laboratory, yet careful supervision by the attending nurse may save a life by stopping such a transfusion at the first sign of trouble.

The conscientious and efficient nurse will watch the recipient especially carefully during the early part of the operation, keeping her finger on the pulse and enquiring of the patient as to back-ache or oppression in the chest. Such a reaction is treated by immediate cessation of the transfusion, diuresis by glucose-saline, heat to the kidney region, alkalinization of the urine and sedation.

Before proceeding to our final topic which is the technique of transfusion, mention might be made of the blood bank. The first bank on this continent was opened at the Cook County Hospital in Chicago in March 1937 under the direction of Dr. Bernard Fantus. The idea, however, is not new having been considered during the first World War and long planned by Dr. Fantus and others. The numerous problems of a blood bank are greatly simplified by centralization of responsibility. The latter includes the keeping of donor records; checking of the serology, bacteriology, grouping and cross-matching of stored blood; and conversion into serum or plasma after the whole blood is too old to use.

As indicated above, a recent advance of great importance in haematotherapy is the development of closed systems for transfusion work. Generally speaking, 500 cubic centimetres of blood are drawn from the arm vein of healthy, young, adult, Wassermann-negative males into a closed flask which contains sodium citrate. In the past few years females have been used more and more without undesirable effects. Frequently the flask which is used is a partial vacuum and the blood is drawn from the donor by the negative pressure. The attending nurse is



*Transfusion in progress*

responsible for securing the donor's written consent, for gently swirling the flask as the blood is being drawn, and for making out the payment slip for professional donors. She will insist that the donor lie still for a time after the phlebotomy and be prepared for the occasional instance when the hospital atmosphere and the operation prove too much for a sensitive person. Studies of haemoglobin levels have shown that it takes over six weeks to completely make up 500 c.c. of blood so donors should probably not be used more often than four times a year.

The technique of administration of the blood is very simple and is illustrated by the photograph. The small dark flask is the one mentioned above which has now been inverted and the blood is being given to the patient. Attention is called to the "drip" mechanism just below the blood flask. This is a device for regulating the speed of the transfusion. It also contains a filter so that small particles of clot do not enter the blood stream. It will be noted too that

the tubing of the recipient set takes the form of a Y and that, attached to one arm of the Y, is a flask of glucose-saline.

What is the function of the attending nurse during this stage of a blood transfusion? Emphasis has been placed on the observation of the patient. This is of first importance. The nurse will also observe the site of the venipuncture from time to time as a large haematoma may be troublesome and unsightly, especially in the arm. When the procedure is over the nurse will frequently have to remove the needle. If veins are few and precious, proper technique in this matter will allow many punctures to be done. A swab is taken in the left hand and pressed over the needle point and the needle smartly withdrawn. On no account must the pressure on the swab be relaxed for one or two minutes. This simple but invariably neglected step prevents leakage of blood from the puncture into the perivenous area with subsequent scarring and loss of the vein. In a jaundiced patient the pressure may have to be kept much longer. Finally, the nurse will herself attend to or be

responsible for the cleansing of the apparatus. Reference has been made to the importance of this in the prevention of pyrogen reactions. The tubing and other parts must be taken apart and thoroughly flushed with running cold water. This must be done immediately the transfusion is completed. It is useless to spend large sums on elaborate pyrogen-free flasks if this elementary step is not attended to. Thorough cleansing of the tubing in combination with the use of a closed system for intravenous therapy as illustrated has reduced the incidence of reactions at the Montreal General Hospital.

Before closing this resumé of transfusion therapy one should pause to reflect on the courageous pioneering which has brought our knowledge to its present state, imperfect as it may some day appear. Years and even lifetimes have been dedicated to the elucidation of the facts which we have passed over so briefly. The future will doubtless witness an increasing degree of safety, usefulness and convenience in the transfusion of blood and its substitutes.

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## The Canadian Dietetic Association

JEAN M. HOLDER

Today marks an epoch in the history of the Canadian Dietetic Association for you have given us, your professional sisters, the privilege of making ourselves known to you. As an organization we are so young and have so many benefits to reap from your experience. It was through your splendid lead that the Canadian dietitians decided to form a national organization the aim of which is to promote, encourage and improve the status of dietitians in Canada. We define dietitian as an executive officer

directly responsible to the superintendent, with sufficient authority for the proper administration and control of the entire general and scientific food services as well as the nutritional education of patients, nurses, students and personnel. The qualifications for membership in the Canadian Dietetic Association are a bachelor's degree with a major in foods and nutrition from a university or college of recognized standing, approved by the Canadian Dietetic Association; a post-graduate course in hospital die-



tetic administration from a hospital approved by the Association for that purpose; at least three, preferably five, years successful experience in a position of responsibility.

Never before has public health been of such importance to the nation. We consider that our two professions, so closely bound in this field, can do much to help our own people, remembering that diet cannot always cure what it

most certainly could have prevented. Our need for nutritional research is great but not half as great as the need for making the principles of nutrition function in the lives of the people to enable them to fight the added strain on the nerves that wartime always brings. Today every British housewife is forced, through rationing, to plan well-balanced nutritionally-sound meals — and never before have Britons been healthier.

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## The Provinces Set the Pace

Recent experiences of the Adviser have included a welcome back to Western Canada. Visits in the western provinces have indeed been encouraging, and contacts with our National President, and many others, have been a source of real inspiration. The last progress report of the Emergency Nursing Adviser ended in a snow drift, but since then winter has departed, somewhat reluctantly on the prairies it is true. The crocus and the meadow lark are out again—spring has come—a spring that with its peculiar responsibilities and tremendous problems in the offing, would be overwhelming if nurses were not somewhat prepared to meet them. There is no doubt that nurses throughout Canada have become very conscious of their special professional obligations at this time. They are not only anxious to take a hand in the present conflict but are most ready to accept responsibility for the future of their profession and to look ahead so far as it is possible to do so. Is it not true that the Joint Meeting, held in Montreal in September 1941, did much to foster this feeling?

If it were possible to touch each province today long enough to see what is going on among professional groups, some of them quite small, one would be impressed by the fact that the profession as a whole is very conscious of its obligations. At the time of the C.N.A. biennial meeting in Montreal, the provinces will tell their own story either through their individual reports, or by their contribution to the report of the Adviser, or both. It is, therefore, the intention now to cover developments with more general statements of what is happening and to leave further identification to the provinces themselves. Many developments are still in the formative stage and, in some instances, cannot be wisely reported upon. With the swiftly changing scenes of today it is difficult to be the mouthpiece for nine provinces, not all very communicative ones, so the writer asks indulgence if some omissions occur. The highlights at least will be included, and they are encouraging. They fall into two classifications, as do the recommendations that resulted from the Joint Conference: (1) the graduate nurse;

(2) the student nurse. Emphasis is placed on their preparation for living and for service, now and in the future, and it is in this light that we propose to review developments.

With respect to the graduate nurse, there is a variation of opinion in the provinces regarding most facts; but the need for nurses with special preparation is not one of them. From the interim reports that have been received, there is no doubt that interest in postgraduate work has been stimulated; there is every evidence that in most provinces the enrolment for September will be increased. Several universities have declared their willingness to extend facilities to take care of any increases, if this is necessary, and the reorganization of courses to meet present conditions is being thoughtfully considered. Special studies are being made of postgraduate courses in nursing specialties, as for example the postgraduate courses offered by the School of Nursing of the Royal Victoria Hospital, which are described in the April issue of *The Canadian Nurse*.

The present picture very definitely suggests that increased financial aid will be available for those who wish to make use of it. In addition to the loan fund of the Canadian Nurses Association, most of the provinces are offering similar help in a more limited form. With this encouragement it is impossible to think that nurses will not accept their share of the responsibility in preparing themselves for special work. Therefore, their attention should be continually drawn to the fact that *there is a great need for nurses with special preparation* both in the hospital and in the public health field. These opportunities are calling nurses to them.

Circumstances themselves have improved the status of the general duty nurse and reports from many provinces

indicate an improvement in working and living conditions and salaries. But there must be further improvement before a just appeal can be made to nurses to "stay put" in order that nursing service may be stabilized, and the ever-increasing problems of the hospital administrators somewhat relieved. In most instances, hours of duty, salaries, vacations and assignment of duties on an impersonal basis seem to be irritating factors for the general duty nurse. It is suggested that the time has arrived when a basic salary schedule and minimum standards for all institutional nurses might well be set up. In some provinces the suggestion has already been accepted that this important member of the nursing profession be known as the general staff nurse — "stabilization" and "staff" at least begin with the same letter!

A program for in-service education for all staff members is being widely studied. The institute, with the instructor shared between two provinces, was referred to in a previous report. To Miss Ida MacDonald, assistant professor of nursing education at the University of Minnesota (and to that generous institution) two provinces are already indebted for a splendid contribution. It was an inspiring experience. Other provinces will no doubt follow suit.

So much for the rights of the general duty nurse. Let us turn the page and look at the other side of the picture — the side that includes the special service that the private and general staff nurses are going to give as their contribution in the present crisis. One would merely draw attention to what is being done by the private duty nurses in California by way of staff replacement, as described in the March issue of *The American Journal of Nursing*. Its significance will not be missed. It offers a challenge, or



shall we say a suggestion, to nurses in Canada. In the stabilization of nursing service the nurse must take her part. Very certain it is that only by united effort and co-operative action — cohesion and co-action not coercion — on the part of all those who are contributing to the care of the sick and community welfare, can we hope to meet the needs of the people in these momentous days. They present opportunities that, if neglected now, may not come again. The necessary unity can only come with a just division of responsibility. Nurses cannot bear it all alone, nor can administrators accept the full burden.

A fleeting contact in the nine provinces does suggest that there is need for a joint study by all groups, including boards of directors, doctors, welfare workers and nurses. An interesting suggestion is contained in a recommendation formulated in one province, that each branch association of nurses should form a committee in its locality having medical, nursing, hospital and civic representation to study present problems of nursing service. Refresher courses have been carried out in a number of centres. On the whole, they are reported upon very favourably. Again it is suggested that these must not be an added responsibility for the hospitals alone; they should be a co-operative effort shared by nursing associations. It is reported that in several instances young married nurses have been used very successfully as willing instructors.

Present conditions, lamentable as they are, have brought some favourable changes into the life of the student nurse. These are reflected in the reports received from some provinces, although as yet an eight-hour day in the true sense of the word has been accomplished in very few schools. In most provinces, a publicity campaign in some form is under way and through personal con-

tacts with high and private schools and universities, it is hoped to sustain interest in nursing as a national service — a thought that we cannot repeat too often. One resourceful representative has seized Hospital Day as the occasion for special publicity on schools of nursing. What more fitting way could be found to celebrate the birthday of the founder of modern nursing? This publicity is being carried on consistently in the hope that it will reach, not only students, but women's organizations and others who may be interested. Nor does this seem a forlorn hope when we read of a donation of \$600 recently announced by a leading organization to be expended on six scholarships for students in the first year of the nursing course.

In this campaign to bring nursing to the fore, surely every nurse has a part. In the light of her own experience, she can interpret nursing to others and can share the glowing experiences and peculiar satisfactions that are the heritage of every true nurse. It can be truly stated that the hours of duty and living conditions have been improved in most schools, and that the somewhat rigid discipline of some years ago has been replaced by one more in keeping with modern practice. In some schools each student is being asked: "What can you do to interest at least one desirable recruit?" In one province, prizes are being offered to high school students for the two best essays portraying nursing, or an outstanding personality in it.

Apparently, up to the present, the shortage of applicants to schools of nursing is marked only in certain centres. However, all schools are meeting stiff competition. Looking ahead, it seems inevitable that in time they will all be embarrassed unless a successful campaign can be organized, and *unless*

*standards can be maintained at a level that will attract desirable candidates. This important fact should be kept in mind.*

The study of central preliminary schools in various forms is still being carried on with interest and signs of progress in some provinces. Some very fine co-operative action was evidenced at more than one of the annual meetings attended by the Emergency Nursing Adviser, when very comprehensive

plans were outlined for the development of community nursing service bureaux. Think of the day when the problem of the private duty nurse will be shared by all nurses throughout Canada — this day has dawned in legislation recently enacted in one province at least. But let these nurses tell their own story. It is an interesting one!

KATHLEEN W. ELLIS,  
*Emergency Nursing Adviser*  
*Canadian Nurses Association.*

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## History of the First Hospital in Montreal

A remarkable contribution has recently been made to the history of nursing in Canada. To mark the tercentenary of the founding of their Community, les Religieuses Hospitalières de Saint-Joseph have sponsored a comprehensive history of the earlier years of l'Hôtel-Dieu, the first hospital in Montreal. This has been written by Rév. Soeur Mondoux (herself a member of the Community) and covers a period extending from 1642 to 1763, that is to say from the arrival of Maisonneuve and Jeanne Mance until the establishment of the British régime. The book contains 417 pages and is richly illustrated. The opening chapters are devoted to the activities of the Founder, Jérôme Le Royer de la Dauversière, and his association with Madame de Bullion and Jeanne Mance which was to exercise so beneficent an influence on the development of the new colony on the banks of the St. Lawrence. These chapters serve as a background for a masterly analysis of the life and work of Jeanne Mance herself which in turn leads to a vivid description of the heroic labours of the pioneer Sisters who

left the peaceful shelter of their convent at La Flèche, in the pleasant province of Anjou, to face the bitter hardships of the Canadian wilderness. The annals of nursing contain nothing more heroic than the achievements of these devoted women and their successors and we owe a debt of gratitude to Soeur Mondoux for making them known to us.

The book is based on a first-hand examination of historical sources in France and in Canada and comprises an imposing number of original documents. Only those who have themselves undertaken similar research can appreciate its cost in terms of scholarship, time and effort. While it is right and proper that this book should be written in the French language it is to be hoped that an authoritative summary in English may soon be available so that it may serve as an inspiration to successive generations of Canadian nurses.

*L'Hôtel-Dieu, premier hôpital de Montréal, par Soeur Mondoux, religieuse hospitalière de Saint-Joseph.*

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## The R. N. A. N. S. Annual Meeting

The thirty-third annual meeting of the Registered Nurses Association of Nova Scotia will be held on June 5 and 6, 1942, at the Cornwallis Inn, Kentville. The president, Miss Marjorie Jenkins, will preside. Dr.

Patterson, president of Acadia University, Wolfville, will be the guest speaker at a luncheon on Saturday. The subject of his address will be "Youth and the Changing Times".



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## The General Meeting

The twenty-first General Meeting of the Canadian Nurses Association will commence on Sunday, June 21, 1942, when church services will be held with the celebration of High Mass at Notre Dame Cathedral at 11:00 o'clock, and with Evensong at Christ Church Cathedral at 7:00 o'clock.

By special request the hostess organization, the Association of Registered Nurses of the Province of Quebec, has refrained from making arrangements for the entertainment of the visiting nurses, except for a reception at the close of the final session on Friday evening when the Alumnae Associations of the English and French Schools of Nursing in Montreal will be hostesses. The customary dinner meeting is scheduled for Tuesday evening when the Right Honourable Malcolm MacDonald will be the speaker.

There will be no session on Wednesday evening. Those wishing to arrange in advance for any social function for that evening should write to Miss Vera L. Graham, Homoeopathic Hospital, Montreal. Miss Eva Merizzi, 451 Blvd. St. Joseph E., Montreal, is French Associate to Miss Graham.

The Windsor Hotel will be convention headquarters for the general meeting; nurses who have not yet made their reservation for accommodation are urged to do so without further delay. Application for reservation should be made direct to The Windsor Hotel. Rates at the Windsor Hotel are: single

rooms \$4.00 — \$4.50; double rooms \$3.00 each; three persons in a room \$2.50 each; four persons in a room \$2.25 each.

An outline of the programme for the General Meeting was published in the April issue of the *Journal*.

## A Welcome to the Hôtel-Dieu

The following invitation to visit the Hôtel-Dieu Hospital in Montreal has been graciously offered by the Sisters of l'Hôtel-Dieu de Saint-Joseph:

On the afternoon and evening of June 25, 1942, the Sisters and Nurses of the Hôtel-Dieu will be honoured in being hosts to you, our fellow Canadian nurses. We are indeed very happy and proud of this, your historic visit, and hope that good weather will favour our plans, which include a lawn party and a tea on our new terraces. You will be entering our hospital with one great and unforgettable name in your mind: Jeanne Mance! Our Sisters and nurses will tell you many interesting details about the history and life of our Foundress and also of those who have continued her charitable task. We therefore do not need to go into history at this time. Jeanne Mance and, we trust, the Sisters of Hôtel-Dieu de Saint-Joseph, are not strangers to any Canadian nurse.

Our new hospital wing, which will be nearly completed when you visit us, and a special exposition of great historical value to admirers of Jeanne Mance and students of early Canadian hospital history, together with an inspection of our present hospital, will give you an idea of the great heritage which has been entrusted to us by our found-

ers. During three hundred years, our Sisters have been privileged to work charitably for a cause which to so many of you has also become a sacred duty. You, and we, follow this call because we feel that we owe this sacrifice to the suffering and the sick. It is this common ideal, cultivated by our professional sisterhood in the Canadian Nurses Association, which leads us into a greater spiritual sphere where we all meet—regardless of race or creed—as missionaries of the same God and also of the same order, called Nursing.

As nurses, and on behalf of the Sisters of the Hôtel-Dieu, we are taking this opportunity to extend to you our most cordial welcome. Our doors will be wide open for you and we do hope that a great number will be able to attend the Convention which is so important to our war effort. *Au revoir!*

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### Pre-Registration

For the special attention of members of the Association of Registered Nurses of the Province of Quebec: The Arrangements Committee for the General Meeting wishes to announce that members of the A.R.N.P.Q. will be able to register for the General Meeting on Friday and Saturday, June 19 and 20. The Sub-Committee for Registration will be at The Windsor Hotel on each of those two days between the hours of 2 p.m. and 9 p.m. Local nurses are urged to take advantage of this pre-registration arrangement in order to prevent an over-crowding on Monday morning, June 22.

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Nurses planning to attend the General Meeting will be pleased to learn that the Lippincott Lounge will again be available for their convenience; also that the J. B. Lippincott Company will have their exhibit of nurses' caps on view during the General Meeting.

### National Joint Enrolment

A meeting of the National Joint Enrolment Committee was held in Toronto on April 11. The Committee approved certain changes in the regulations for the Voluntary Enrolment of Registered Nurses for war and emergency service. The revised pamphlet is now available in the provincial offices. The Committee draws attention to the fact that in some provinces there is a marked improvement in the use of the Joint Enrolment lists. The Committee recommends that the military authorities be kept informed as to the purpose of the lists, with the hope that even better co-operation may be secured.

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### For Nurses in Hong Kong

In reply to an inquiry to the Canadian Red Cross Society as to whether or not help might be sent to British civilian nurses in Hong Kong and Singapore, the Canadian Nurses Association received a reply to the effect that permission had been granted to send a small number of parcels of toilet accessories. Twenty boxes have been made up, and forwarded with the hope that they might arrive safely and bring some comfort to those nurses who were taken prisoners in Hong Kong.

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### British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:  
Miss Elizabeth L. Smellie ..... \$ 50.00

#### *Alberia:*

A. A., Calgary General Hospital	150.00
Calgary General Hospital staff ..	40.00
Calgary District No. 3 .....	16.50
A. A., Edmonton General Hospital	13.00



A. A., Vegreville General Hospital	4.15	Outside Graduate Nurses,	
Ponoka District No. 2 .....	15.50	Kitchener .....	71.75
Medicine Hat District No. 4 ....	41.00	A. A., Kitchener & Waterloo	
Lethbridge District No. 8 .....	12.50	Hospital .....	52.00
Staff nurses, St. Michael's		A. A., St. Mary's Hospital,	
General Hospital, Lethbridge ..	75.00	Kitchener .....	65.75
Graduate Nurses Group, Stettler	30.00	A. A., General Hospital,	
Graduate Nurses Group,		Woodstock .....	63.00
Grande Prairie .....	21.00	District 5:	
Staff, Misericordia Hospital,		A. A., Toronto General Hospital	150.00
Edmonton .....	13.00	Graduating class, St. Michael's	
Staff, Royal Alexandra Hospital,		Hospital, Toronto .....	34.00
Edmonton .....	41.25	Matron and Nursing Sisters,	
Staff, University of Alberta		Toronto Military Hospital ....	43.00
Hospital, Edmonton .....	46.00	Matron and Nursing Sisters,	
Country hospitals .....	22.00	Toronto Convalescent Hospital	10.00
Married nurses .....	42.00	Matron and Nursing Sisters,	
Individual nurses .....	17.10	Military Hospital, Camp Borden	20.00
<i>Nova Scotia:</i>		District 6:	
Cumberland Co. Branch,		Nurses of Ontario Hospital,	
R.N.A.N.S. ....	9.00	Cobourg .....	11.12
Halifax Branch, R.N.A.N.S. ....	72.50	District 8:	
Valley Branch, R.N.A.N.S. ....	20.25	A. A., General Hospital, Ottawa	8.00
Lunenburg Co. Branch		Florence Nightingale Club,	
R.N.A.N.S. ....	5.00	Renfrew .....	10.00
A. A., Royal Victoria Hospital,		Patients Perley Building, Royal	
Halifax group .....	7.50	Ottawa Sanatorium .....	193.00
Colchester Co. Branch,		District 9:	
R.N.A.N.S. ....	26.00	Graduates, Civic Hospital,	
A. A., Aberdeen Hospital .....	31.00	North Bay .....	40.00
Pictou Co. Branch,		Nurses of District 9, North Bay	40.00
R.N.A.N.S. ....	4.00	Kirkland Lake nurses .....	8.00
<i>Ontario:</i>		New Liskeard nurse .....	1.00
Districts 2 and 3:		<i>Saskatchewan:</i>	
Nurses of Districts 2 and 3 .....	19.00	Regina Registered Nurses	
Graduate nurse staff,		Association .....	800.00
General Hospital, Stratford ...	33.75	A. A., Regina Grey Nuns Hospital	25.00
Kitchener and Waterloo Chapter	85.50	Individual donations .....	3.00

## Obituaries

ANNIE AITKEN died recently in Newcastle, New Brunswick. Miss Aitken, a sister of Lord Beaverbrook, graduated from the School of Nursing of the Western Hospital, Montreal, and was a member of the Class of

1906. For many years she was superintendent of nurses in the Rutland Hospital, Rutland, Vermont, and, after her retirement, lived in England until she returned to Canada about a year before her death.

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## PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

### Maternal Welfare and the Maternity Grant

RUBY M. SIMPSON

Municipal Doctor and Maternity Grant services are specialties which are intimately connected with the story of public health in the preponderantly rural prairie province of Saskatchewan. The first has been duplicated in other sections of Canada and so is well known. The same cannot be said of the second but its development through the years makes it of interest in relation to studies of maternal and infant morbidity and mortality.

The early history of the Maternity Grant is the history of the settlement of a young country. When Saskatchewan became a province in 1905, settlers were literally pouring in, taking up homesteads and filing on pre-emptions of such size that they found themselves, in their prairie shacks, practically isolated from neighbors. Railroads were built and towns and villages sprang up almost overnight, but only a small number of farmers were closely served by them. There were doctors, a few nurses and even some provision for hospital care, but not sufficient to keep pace with the rapidly growing population. The majority of the settlers were young. Families were coming. Distances were great and money was scarce — two serious menaces to adequate care. Many young expectant mothers and others not so

young, found themselves facing confinement with the doctor miles away and funds insufficient to allow them to go to him or to have him come to them. It was in such circumstances and at such times that they were obliged to depend upon the "handy woman" or the neighbor and, as has often been told, in many cases they had no attendant whatever.

It was to meet the increasingly insistent need that the Commissioner of the Bureau of Public Health of that day, Dr. M. M. Seymour, originated the idea of a grant of money to assist in the preparation for confinement, a portion to go direct to the mother and a larger portion to the doctor who might attend her. The basic purpose of the Grant was to make it possible for the mother to secure medical attention. The part allotted to her might buy the layette, clothing or necessities for herself, or it might quite legitimately help to pay the cost of travel to the doctor. The portion allowed for the doctor was not intended as his full fee but rather as his out-of-pocket expenditure if he made a long trip or if he provided necessities for the case. The Grant was, in effect, quite definitely medical relief for maternity cases, although the word relief was not used at that time so glibly as



it is today nor did it have the same public reaction. That the Grant was a boon to new-settler mothers is obvious. The Order-in-Council which provided for it was signed in 1921 but reports indicate that its provisions were in effect very many years earlier. They were, in fact, a part of the health administration from the very first days of the organization of the Bureau in 1909. The qualifications were simple — the mother must be remote from a doctor and lacking in money. There were then no organized municipal councils so the written statement was certified by the registrar of births, marriages and deaths.

The face of Saskatchewan altered in the years that followed but the Grant remained unchanged until 1931. In the first official annual record only 18 grants were reported. During the years following, the number varied with the prosperity of the province, sometimes up, sometimes down. Until 1929 it did not exceed 500 in any year. Then with the serious financial depression it suddenly soared until in 1931 the Grant was given to over 3000 mothers and was a recognized and important phase of relief. In that year it was discontinued, a layette substituted and the medical service feature taken care of in other ways. In 1934 it was restored by the Honorable J. M. Uhrich, M. D., Minister of Public Health, not as relief, although certain assistance features remained but entirely as a public health measure, an effort on the part of the Department to protect motherhood and infancy. As such it has been continued and as such it may be of interest to those who are concerned with health safeguards.

At the time of the Grant's re-instatement in 1934 a new situation had developed in the province. At the most acute period of the drouth years there was a considerable exodus of families

from the southern areas, which had been most seriously affected, to the remote, northern, heavily wooded region. Again they were the young people. Homestead conditions of the early years were to some extent repeated although the burden was eased in a measure by modern travel facilities, greater numbers of and more accessible doctors, nurses and hospitals. Still, the need existed and the full benefit of the revised Grant was extended to these northern settlers.

The mechanics of the administration of the Grant have to date remained unchanged. Indigent, expectant mothers remote from medical care, are the only eligible recipients. Regardless of financial need the Grant is not available for town or city residents. Certification as to need must be made by municipal officials. There, the resemblance to the original Grant, ends.

Actual authorization depends now upon the report of pre-natal medical examination. Application forms are studied first from the point of view of financial need. If the application is in order, the mother is advised that medical examination is required and the form for the use of the doctor in reporting the examination is sent to her. The Grant is not authorized until the completed form has been returned and has been studied. It is the proof that the mother has had at least one medical examination. The visit is repeated in the majority of cases. The report form is quite complete, including information on pelvic measurements, urinalysis, blood pressure and other salient features of such cases. At the least, it is evidence that the doctor will not find himself confronting a patient whom he has not seen prior to the onset of labor, a situation all too common in the past. It takes some time for the mother to complete the forms and to arrange for the visit to the doctor. For

this reason the report is usually of the condition in the last two to three months of pregnancy. Many are earlier and some are later.

An occasional case arises where medical examination is not possible. Severe winter weather, spring breakup or some acute personal situation may constitute insurmountable obstacles. Such cases are considered and in certain instances the Grant is given, but only with the understanding that every effort will be made to see the doctor by the end of the eighth month. In very remote districts the statement of a reputable nurse has been accepted in lieu of the medical report. This has occurred in districts served by Red Cross Outpost Hospitals. Such a statement is not considered as a medical report and is not so counted. Every pre-natal report listed as such is that of a medical doctor.

In each of the past three years, the number of cases which have had the examination has been between 96 and 97 percent of the total number of Grants authorized. This constitutes something of an achievement and it has not been attained without effort. In the first years of the medical requirement it was quite resented by applicants. An unbelievable number of women objected to it, particularly multiparas who had been so fortunate as to come through several pregnancies without medical aid and without mishap. A good deal of educational work was done and much persistence was necessary in refusing the authorization without the medical report. Now it is a very rare applicant who does not apply early, expect and wish to have the examination and also to secure medical care at confinement. Nor are applicants loath to name the doctor of their choice and he is not by any means always the one of closest proximity. This is as it should be and indicates a thoughtful attitude on

the part of mothers (and fathers, too, no doubt) toward maternal welfare.

The mother is not finished with the Grant when it has finally been authorized. A post-natal examination is urged, to be made six weeks after the confinement and its importance is strongly stressed. The figures for this item are less than for the pre-natal examination as might be expected since the mother actually has the Grant before the post-natal is required.

Hospitalization is not provided in routine cases. If the medical report indicates a special need and if the doctor recommends it, a part of the cost is allowed. The recommendation is not often volunteered by the doctor but is solicited from him following a study of the report. Older women who have had a large number of pregnancies, others with a history of dystocia or haemorrhage, very young primiparas and any others showing toxic symptoms or possible hazards are urged to go to hospital and are financially assisted.

When the first letter of request for the Grant is received from the mother, the pamphlet of pre-natal letters is sent with the application form. When the Grant is finally authorized the booklet on infant care accompanies the letter of notification. Where the services of a public health nurse are available the names are sent to her for pre-natal visits and for supervision of the health of the infant through the health centre. By such means continued contact with the mother is maintained. Public health nurses refer many women to the Grant service and investigate numbers of cases of unusual nature.

The Grant provides the mother with a small money allowance to be used for the layette or for the necessities for confinement. The amount is the same in all cases and the cheque goes direct to her as soon as the requirements have been



met. A routine amount is allowed the doctor for the completion of all pre-natal and post-natal report forms. If the doctor is not on contract with the municipality or in receipt of special relief area grants or subsidies, a payment is made through the Grant toward his account. In many cases he receives nothing further from the patient. The routine amount is about one-third of the regular charge. Special cases receive special consideration. Payment is made direct to the doctor and not through the mother.

During the past five years, the Grant has been administered by the Division of Public Health Nursing in an effort to minimize the relief feature and to emphasize maternal welfare. Careful records have been kept to determine the health value of a service which during the years has been fairly costly. The peak year, 1937, provided for 5,410 mothers with an expenditure of over \$65,000. With improved financial conditions the figure has dropped within the past two years but it is still in the neighborhood of \$30,000. Monthly lists of maternal deaths as recorded by the office of the Registrar General are checked with Maternity Grant files. This procedure has been followed for the past three years and will be continued. Figures as shown in the following summary are convincing and in this connection encouraging.

In 1939, the number of Maternity Grants authorized was 4,665; the number reported as having had pre-natal examination was 4,494 (96.33 percent); the number of maternal deaths in Saskatchewan was 43; the maternal deaths in Maternity Grant cases was 5; the maternal death rate for Canada was 4.2; the maternal death rate for Saskatchewan was 3.3; the maternal death rate for Maternity Grant cases was 1.07. In 1940, the number of Maternity

Grants authorized was 3,254; the number reported as having had pre-natal examination was 3,164 (97.24 percent); the number of maternal deaths in Saskatchewan was 62; the maternal deaths in Maternity Grant cases was 3; the maternal death rate for Canada was 4.0; the maternal death rate for Saskatchewan was 3.2; the maternal death rate for Maternity Grant cases was .921.

In the year 1941 a total of 2,374 Grants were authorized, in 2,301 (96.3 percent) of which the mother had some pre-natal care. Maternal death figures to date are preliminary only but indications suggest three deaths which would mean a rate similar to that of the year 1939. The number of cases in each year is, of course, relatively small but the fact remains that the particular group had medical attention which without the assistance of the Grant would have been impossible and the death rate for the group was approximately one-third of that for similar cases in the remainder of the province.

A plan is now under way to study post-natal reports more closely with particular reference to the condition of the mother and infant approximately six weeks after the birth. In 1940 post-natal reports were submitted by doctors in 1,821 of the 3,254 Maternity Grant cases (55.96 percent). Eighty-four infant deaths were listed of which 35 were still-births. The files for 1941 are still open and reports will continue to come in for some time. To date 49 infant deaths have been listed in 1,528 reports. Again the groups are small making the figures of uncertain value but they suggest rates lower than those of the province in general. Added to the evidence of the figures we have the enlightened attitude of the majority of the parents toward pre-natal care and medical attention which soon spreads through a community. Without doubt

there are still many "handy women" attending maternity cases in rural districts but the number has been vastly decreased in the past ten years. During the year 1940 the figures of the Registrar General show 83.6 percent of births attended by physicians. The present fear is that, with such large numbers of medical men entering military service, the mothers may be deprived of the care they need and have grown to demand and the "handy women" may again be pressed into service. However, Maternity Grant requirements will not be reduced and the hope is cherished that mothers, so educated, will be willing to travel even very great distances to reach a doctor. War restrictions on travel facilities may be a deterrent but the community spirit is high in the out-post areas from which the cases are now drawn and no doubt ways and

means will be effected for the benefit of all.

It should be mentioned that the relief assistance feature of the Grant has not been entirely overlooked. In the past five years more than 3,500 layettes have been sent out in cases of need in which the mothers were not eligible for the Maternity Grant. These were sent on the recommendation of the Department of Public Health by a voluntary relief organization supported financially by the Government and more recently by an official government relief department.

The plan as outlined is only one of many methods employed to protect mothers and enhance maternal welfare. It is of interest chiefly because of its particular effectiveness in a province of extensive dimensions and rural settlement such as Saskatchewan.

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### Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Eileen Willis, B.A.*, a graduate of the Winnipeg General Hospital, has been appointed temporarily to the Winnipeg staff.

*Miss Helen Kay*, who was temporarily employed on the Hamilton staff, has been transferred to the Ottawa staff.

*Miss Marion Kent* and *Miss Ivy German* have resigned from the Hamilton staff to be married.

*Miss M. Mullen* has resigned from the Montreal staff to be married.

*Miss Dorothy Graham* has resigned from the Saskatoon staff to be married.

*Miss Margaret Knapp* has resigned from the Winnipeg staff to be married.

*Miss Catharine MacDougall* has resigned from the Burnaby staff to be married.

*Miss Ruth Henderson* has resigned from the York Township staff to be married.

*Miss Bessie Skinner*, of the York Township staff, and *Miss Alberta Upshall*, of the Hamilton staff, have resigned to take positions with the Department of Public Health in Guelph.

*Miss Julia Moody* has resigned as nurse-in-charge of the Lachine Branch to accept a position with the Department of Public Health in Winnipeg.

*Miss Evelyn Bowman* has resigned from the Hamilton staff.

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### M.L.I.C. Nursing Service

*Miss Eglantine D'Aoust* (St. Joseph Hospital, Lachine, 1926) recently resigned from the Montreal staff of the M.L.I.C. to be married.



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## GENERAL NURSING

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Contributed by the General Nursing Section of the Canadian Nurses Association.

### Wanted — Leaders in the General Nursing Section

MADALENE M. BAKER

There are 206 bones in our body, but we need only three of them (and one process) to give leadership. There is the sternum or wish-bone, the jaw-bone, the elbow — and the backbone. First — the wish-bone. We have the desire to give leadership. Surely the evidence of the last few years has removed from us the last vestige of the mistaken idea that isolation can shelter us from eventualities. The years have clearly shown us that we cannot afford mediocrity. If we visualize ourselves as a 'channel through which leadership is handed on to others, then we will cultivate leadership with a sufficiently strong will to achieve a total purpose.

Those of us in the General Nursing Section are prone to think that we follow, not lead. And yet, in the daily routine of our chosen work we stand out as examples, not only to the younger nurses in our section, but to the public as well. To a great extent, the nursing profession is judged by the efficiency of the bedside nurse; this is because of the close and prolonged contact with those doing bedside nursing. Efficiency and example are the most effective methods of maintaining professional standards. The onus of responsibility of nurse education and health education does

not entirely rest with the school of nursing and organized public health. Individually, we must do our part in maintaining standards and health education is a part of our duty to our patients and their families. Constant study is necessary if we hope to do this and to keep abreast of the times. The example we give today is something that will be handed down through the years, therefore, the private duty and general duty nurse is an educator and a leader.

We have accepted great responsibility. Let us not leave it to others but firmly grasp the torch and carry on. Let us take advantage of university postgraduate courses or, if this is not possible, then take postgraduate work in special services. If we remain in the General Nursing Section, let us be leaders and teachers in that Section and assume our share of the work of our professional organizations. It is here that we need that second bone — the jaw-bone — for without it we cannot be vocal, and without being vocal we can never hope to acquaint our indifferent colleagues with the value of our professional organizations and I know of no better panacea for their indifference than to familiarize them with the work of the provincial Registered Nurses Associa-

tions and the Canadian Nurses Association. We know that organized nursing has given us educational standards, status and better working conditions. Organized nursing is eyes and ears for thousands of nurses throughout the Dominion.

There are several things which we need to keep constantly before us. First, stimulation toward achievement must be looked upon as one of the most important consequences of the activity of our associations. We who are present because we are interested need to carry our zeal with us, as we do our registration cards, and lose no opportunity to acquaint those who could not be present with the need for specially prepared persons in the nursing field. The work of our nursing associations should not be left to a few willing souls; it is the responsibility of every registered nurse in the country. We need action. We need expression of opinion. The worst kind of an audience is one that has no difficulties, no comments, but sits like a sponge and soaks things in. There is no reaction from them; no one gets enthusiastic; no one has anything to say. Let it be our individual responsibility to start discussion; no one expects the contribution to be perfect. Who can doubt but that an impetus to go forward will follow the interchange of ideas and the presentation of common problems? Of course we cannot stop at talking about progress — we must use that process which goes to make the elbow and go to work. There is no denying that there are certain people who can do one thing rather than another and there are certain technical areas in which nurses from one group should have, if not the controlling, at least the moulding voice. Nevertheless, any project in nursing, whether it be specific to a section or not, is the responsibility of each one of us in so

far as we can be helpful. We have a common general objective — that of giving service. Working together is not only natural — it is imperative.

Existing in our midst is potential leadership, but sometimes it is hard to locate because of that habit of hiding one's light under a bushel. I encourage you to bring that light out and let it shine. Of the General Nursing Section I would say that we not only need leaders within the section, but are hanging out the sign — "Leaders from the General Nursing Section are wanted to provide continuity of leadership for the other two sections". We need only to use our natural capacity in order to achieve; our individual ingenuity and sincerity will discover countless opportunities. Remarks such as "I could never do that", and "Why should I bother, it will never happen in my time" are neither constructive nor logical.

To carry the job through we need that other part of our anatomy — the backbone. The backbone is power and purpose, stability, steadfastness and strength. Without it all our wishing and talking and expenditures of elbow-grease can come to naught. When you speak of the "backbone" of an association, a city, a nation, who comes to your mind? Is it not the man who has dedicated himself to a cause, and then bent every effort, in spite of obstacles, toward his chosen goal? Who can estimate the value of our united powers? The controlling thought in the entire leadership program must be that every detail of nursing activity should serve the purpose of professional education.

This is a time of national crisis. A healthy nation is a sound nation, and a winning nation. What better contribution can we offer, as nurses, in these trying times, than to make our professional excellence, at home as well as abroad, an integral part of National



Defence? I have every confidence that the members of the General Nursing Section will carry their share, and more than their share, and make the events of today stepping stones for the future. For we need to face the facts squarely — that is half the battle. We need to

be resolute in our task; we need tenacity of purpose, for there will always be obstacles in our path. Above all, we need faith to carry on in face of discouragement, criticism and indifference — in short we need to put our backbone into it.

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## Training Practical Nurses

In the December 1941 issue of *The Canadian Nurse* it was announced that a demonstration in the training of practical nurses was being conducted by the Board of the London Central Registry for Graduate Nurses. This demonstration was approved and financially assisted by the Registered Nurses Association of Ontario. The course got under way on September 29, 1941, with thirteen students enrolled. Applicants for the course were obtained through advertisements in the local press; the academic requirement was at least entrance to high school and the age limit was 20 to 40 years. The students were given a complete physical examination, and x-ray chest examinations were also made as required by the Ontario Department of Health.

The length of the course was six months. The first three months included classes in simple nursing under the direction of a registered nurse who is also a qualified instructor. Lessons in practical cookery, home economics and housekeeping (organized to meet the special needs of the class) were given by a graduate in home economics. Ten of the thirteen students completed the first three months and then followed the three months of practical experience. This included two months in institutions caring for the aged and chronically ill; two weeks in a day nursery; two weeks in homes under supervision — one week with a chronic case and one week with a mother and a young baby.

Commencement exercises were held on April 4 at which time certificates were given to ten students for having successfully completed the six-months course. They were required to sign an agreement to identify themselves with the London Central Registry for a further two years during which time they will be under supervision and opportunity will be afforded to evaluate their work. They will wear a plain blue uniform with short sleeves, white bibbed apron, brown shoes and hose, and will be identified by wearing an insignia on their sleeve with the letters "P.N., L.C.R." (practical nurse, London Central Registry).

The completion of this demonstration was reported to the recent annual meeting of



the Registered Nurses Association of Ontario, and a recommendation was made that three of these courses, under the same demonstration plan, could be undertaken yearly in centres where organized registries are in operation and, in particular, the course as planned by the Central Registry

of Graduate Nurses, Toronto. It was further recommended that the Registered Nurses Association of Ontario be requested to grant financial assistance where it could not be supplied in full either by the existing registry or by one of the districts.

— MADALENE BAKER

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## An Important Appointment

Announcement has been made of the appointment of Mary Elizabeth Macfarland as superintendent of nurses in the Toronto General Hospital. Ever since her graduation in 1926 from the School of Nursing of the Toronto General Hospital, Miss Macfarland has displayed a capacity for leadership which gave proof of her ability as an organizer and administrator. She has served in in-

creasingly responsible positions on the staff of the Toronto General Hospital and, at the time of her new appointment, was supervisor and instructor in the medical department. In 1937 she was awarded the Jean I. Gunn Scholarship and took a postgraduate course in teaching and supervision in the Toronto University School of Nursing.

Miss Macfarland was born in South Mountain, Ontario, and educated at the Lisgar Collegiate Institute in Ottawa. She is regarded by her many friends as a woman of strong character, broad minded and well balanced, and with a keen sense of humour. She is a clear thinker and is both understanding and sympathetic. She has travelled widely, is an excellent musician and enjoys a game of golf. She has always been keenly interested in nursing organizations and is now the president of the Alumnae Association of the Toronto University School of Nursing.

The position which Miss Macfarland is to occupy is one of the most distinguished in Canada and has been held by such outstanding nurses as Mary Agnes Snively and Jean Isabel Gunn. Throughout her professional career, Mary Macfarland has been profoundly influenced by their noble example, and it seems fitting that she should now be chosen to carry forward into the future the noble tradition of the past.



MARY E. MACFARLAND

*Photo by Randolph Macdonald, Toronto*



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# HOSPITALS & SCHOOLS *of* NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## A Plea for the General Duty Nurse

ANNIE F. LAWRIE

General duty nursing had its beginnings during the years of the great depression. Well do we remember that period in this Province of Saskatchewan when drought added to the sufferings of the rural communities. The small hospital found it very difficult to carry on and, in the larger hospitals, seriously ill patients could not afford the benefit of special duty nursing. This not only threw an extra burden on the hospital nursing service but greatly reduced the number of special duty nurses required on cases. Unemployment amongst nurses became as serious as in other professions. Many nurses, however, were willing to work at any price. They went on cases even when they knew there would be no remuneration; it was sufficient to know that the patients needed their services. They went out to small country hospitals for very little more than their board. They worked long hours and lived under far from ideal conditions.

The concern of the hospital for the welfare of its own graduates was instrumental in placing the general duty nurse on the wards and the first objective was to reduce unemployment. Later it was realized that, by the employment of these nurses, the nursing service was greatly stabilized and a

better balance in the student program could be maintained. Experience has taught us that it is not possible to fulfil the highest standard of the Curriculum and at the same time give the best care to the sick if the hospital is obliged to depend entirely on the student body for its nursing service. The concept of nursing today is not what it was yesterday. Nurses are being called upon more and more to perform highly specialized services and for this they must be well prepared. This places a heavy responsibility on the school of nursing. The old apprenticeship system is being gradually discarded and a School in the truest sense of the word is being built in its place.

One of the chief aims of every right-thinking member of a hospital board and a superintendent of a hospital is to have satisfied patients. This means favourable advertising for the hospital. But some of them do not realize that the calibre of the nursing service determines more than anything else, whether the patient is satisfied or not. It is hardly to be expected that any individual can give her best service when the conditions under which she works and lives are unfavourable. It must also be remembered that the initial preparation for a registered nurse involves three years of

intensive study and concentrated ward experience during which she is not a salary earner. In spite of this, there are hospitals in which some of the members of the lay staff, who have not expended a day in preparation for the job, receive higher salaries than the general duty nurse. Her needs do not differ from those in other fields: namely, shorter hours, larger monetary return, better living conditions and greater security for the future.

The increase of salary for the general duty nurse from the low level of the depression days has been a very slow process. In recent months, however, the improvement has been quite marked in some hospitals. If the quantity and quality of service rendered to the institution is worth something to the institution, that worth should receive due recognition. Some nurses are equipped to take on heavier responsibilities; this should also be rewarded accordingly. Some thought should be given by every hospital to the establishment of a definite salary scale with a minimum and maximum rate of increase. Such a plan is very satisfying to the worker.

It is true that nursing requires more physical and mental energy than many types of work. Nurses must always be alert, solving problems, making decisions, all of which demands energy to be balanced only by shorter hours. Of necessity in many cases, the hours are irregular; emergencies demand overtimes; wards must be covered even on Sundays and holidays. There is also the demand on off-duty time—the nurse may be “off duty” but still “on call”. There are obligations to be fulfilled in attending professional meetings and other duties all of which come during the off-duty hours. Shorter hours of duty will make for a happier and more efficient staff. In working towards the forty-eight hour week, it must not be

forgotten that the nursing load is equally important. The ratio of nurses to patients should be such that opportunity for good nursing is assured.

There is still a great need for better living conditions for the nursing staff in many hospitals today. Over-crowding has long been a grave evil. The question of “living out” or “living in” should be given some consideration. When the nurse lives “out” she should be adequately compensated on a scale comparable to the nurse who lives “in”. If the nurse is to be expected to develop and to improve and to acquire interest in the hospital and ward situation, she must feel that she is a part of the institution. Adequate salary, shorter working hours, good living conditions, the recognition of good work, and permanent employment with security will make the field of the general duty nurse a satisfactory one. The supply of nurses should then be adequate, the turnover at a minimum and services rendered of very high quality.

I should like to quote a letter which has probably been the stimulus for this appeal for the general duty nurse:

Nurses grumble and deplore their hours of work. Often they have too much work because of a small staff which is quite inadequate for the number of patients. There are many small hospitals with only a day and a night nurse, the night nurse having to stay up for operations. She is called for maternity cases, day in and day out, always working fourteen or fifteen hours a day—and these hospitals sometimes pay only \$30. and \$35. per month. If one of the nurses is off with a minor illness, it means we run all day from 8 a.m. to 8 or 10 p.m. We are supposed to have a half-day from 1.30 p.m. but, if we are busy, that is impossible, as well as the three hours off a day being necessarily curtailed. Couldn't the Registered Nurses Association do anything to secure a full day per week



off duty for each nurse? A hospital with a staff of five or six nurses should be compelled to employ an extra nurse so that the nurses could have their day off, and also that she would be there to call upon in case of illness. Couldn't a minimum salary be set? Many hospitals get by with very poor quarters for their nurses. Could something be done to remedy this situation, too?

It isn't just for myself that I speak, but for all general duty nurses. Eight-hour duty would help to dispense with the too long hours of work and would be fine, provided enough nurses were employed. I really believe this would make for better, brighter and kinder nurses and give us a chance really to live instead of just to work and sleep.

### In Memory of Jean MacKenzie

After a long and painful illness, Miss Jean MacKenzie, Provincial Director of Junior Red Cross for Saskatchewan, was gently released from her suffering by the kind hand of death on Monday, April 13th. Miss MacKenzie was born in Braemar, Scotland, and came to Canada in 1912. She received her general education in Scotland and her nursing education in the Royal Victoria Hospital Training School for Nurses, Montreal, from which she graduated. Soon afterwards, she enlisted for overseas service in the first Great War. For some months after the close of the Great War, she was Sister in charge of troop trains going from one end of Canada to the other during the demobilization period.

In 1918 she was appointed to the School Hygiene staff of the Saskatchewan Department of Education, and so had the privilege of making a very valuable contribution to what was then a comparatively new field in public health. In 1923, when the Canadian Red Cross undertook to promote its course of Home Nursing in Canada, Miss MacKenzie was one of the three Canadian nurses to be selected for that purpose. Later, she was appointed Provincial Director of Junior Red Cross for the Saskatchewan Division of the Canadian Red Cross Society. At that time there were only a few hundred Branches. In June 1941 there were over 5,000 Branches of the Junior Red Cross in

that province, with a membership of close to 150,000, the second highest in Canada. Miss MacKenzie's special pride and pleasure was the Junior Red Cross Hospital in Regina, and all the little patients will carry with them through life the memory of her smiling face set in its halo of beautiful



• JEAN MACKENZIE

Titian hair, and a remembrance of the kindness and solicitude shown by her for their care.

Those who were close to Jean MacKenzie in her long last illness tell of her unflinching fortitude. In a long letter written to an associate one week before her death, after recounting some of the details of her illness, she speaks with characteristic Scottish calmness, of the struggle which she had put up for the best part of a year,—“I have striven

to meet it in a manner becoming to my name and race.”

The nursing profession is indebted to the contribution made by this Scottish Canadian member. She has left her mark on hundreds of thousands of young people in Saskatchewan, and because of this she has enriched and blessed the country of her adoption.

— J. E. B.

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## Annual Meeting in British Columbia

The Registered Nurses Association of British Columbia held its annual meeting in Victoria on April 10 and 11 with every branch of the profession well represented. Members showed a keener interest in the reports of past activities and a new enthusiasm for the proposed work of the future and the meeting brought forth many new and vital needs precipitated by this time of national crisis. The convention opened with a business meeting of the three sections. Miss Florence Innes, as chairman of the public health nursing section, reported on the need of keeping the standards of public health nursing on a high level; this was followed by a discussion of the minimal qualifications of the public health nurse and it was resolved that the Section recommend that in teaching the student, greater emphasis be placed upon the various aspects of community health. This might be accomplished by the employment of a public health nurse on the staff of the schools of nursing and also by further utilization of the public health services in the community. The hospital and school of nursing section, under the chairmanship of Miss F. McQuarrie, stressed the need of refresher courses in both hospital administration and teaching and supervision. Such courses are needed not only for those now active in nursing but also for those who may be called upon to return to the nursing field after some years away from it.

The invocation at the general meeting was given by Rev. G. A. Reynolds and the meeting was opened by Miss Margaret Duffield, president of the Association. Miss Duffield pointed out the necessity for persistence and courage if standards are to be maintained in the face of wartime crises when the nursing profession is increasingly being called upon to meet military and civilian duties. The president pointed out that the revision of the Registered Nurses Act, which is to come before the provincial legislature at its next session, was one of the greatest contributions of the past year. The Provincial Registrar, Miss Evelyn Mallory, paid tribute to the long hours given by the members of the Council, and urged that more members attend Association meetings. The Registrar also reported that there had been a total of 409 new registrants during the past year. The report of the British Nurses Relief Fund, prepared by Mrs. H. J. C. Walker, recorded that the receipts for the year had amounted to \$2,770 of which \$2,652 had been forwarded to the Canadian Nurses Association to help the British nurses serving in any part of the world. As there are now many nurses in active service, the need for increasing the fund was apparent.

Miss Margaret Kerr, as convener of the Placement Bureau Committee, gave a report that aroused great interest, and stimulated much discussion from which the following recommendations arose: (1) The establish-



ment of an adequate placement service which would adjust the needs of the hospitals for additional staff to the supply of nurses in need of employment. The responsibility of directing the Registry shall belong to the District in collaboration with a provincial committee; (2) the organization of a sound type of placement service to be inaugurated through a combination of the facilities and records of the district registries and the provincial office of the Registered Nurses Association of British Columbia.

Miss Kathleen Sanderson, organizer of Districts and Chapters, showed how the original objective of this work, which is to bring nurses throughout the Province into more active participation in the affairs of the Provincial Association, is being successfully accomplished. Two districts and 29 chapters have been formed to date. The reports of two districts — Vancouver Island and West Kootenay — were presented, each giving an appreciation of the work of Miss Sanderson.

The convention was very fortunate in having as guest speaker, Miss K. W. Ellis,

Emergency Nursing Adviser to the Canadian Nurses Association. Miss Ellis emphasized the important role occupied by the nurse on the home front. Increased facilities for postgraduate studies must be made available to equip nurses for their new responsibilities. There were a number of new appointments to standing committees: Mrs. Elliot, as convener of nominations committee; and Miss Marion Macdonell, as convener of press and publications committee. All the members who were able to attend this year's annual meeting felt themselves fortunate to have had the opportunity of hearing the reports and listening to the leaders of the various nursing fields. We felt that even more than this had been gained—we left Victoria with new vigour and enthusiasm, refreshed by contact with our fellow-members in different branches of nursing and encouraged by the strength which comes from unity.

M. MACDONELL

*Convener, Press and Publications  
Committee.*

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## The M.A.R.N. Annual Meeting

As the policies of all nursing organizations at the present time are immediately affected by wartime conditions, it seemed fitting that the theme of our twenty-eighth annual meeting should be "Nursing and Defence". Since so many of our problems are acute and affect all branches of the profession, nurses from all parts of the province were ready and eager to participate in the valuable discussions which took place. We were gratified to find that many of the married nurses who had attended the refresher course turned out to a number of the meetings and several of this group undertook full responsibility for registration at each session.

The Rev. Canon Calvert gave the Invocation and the Hon. Ivan Shultz gave the address of welcome. Mrs. C. Jones of

Dauphin ably responded. Reports from the following graduate nurses associations were heard with interest: Brandon, Dauphin, The Pas, Flin Flon, Portage la Prairie, and Selkirk. These were followed by reports of the activities of the various sections, committees, and representatives to the affiliated organizations. These reports showed evidence of the great number of activities and projects which have been given serious consideration during the past year. The executive secretary, treasurer and registrar and her assistant reported on the many activities of the association. Of special interest was an analysis made of the needs of the province for the education, procurement and assignment of professional nursing and auxiliary nursing service in relation to both military and civilian hospitals and organiza-

tions. In order to provide adequate nursing personnel to meet these needs, refresher courses for married and inactive nurses were held and home nursing classes were organized for volunteer aides.

We were most fortunate in obtaining Miss Eula A. Butzerin from the Department of Nursing, Chicago University, as our guest speaker. Miss Butzerin gave an inspiring talk at a well attended luncheon meeting which was sponsored by the public health section, as well as an address entitled "Defence — Today's Challenge in Nursing" at the afternoon session. That nurses should be prepared to serve on all fronts, was pointed out. They should be well informed regarding diseases prevalent in wartime, modern first aid measures, and problems of nutrition and emotional hygiene. They should be ready to co-operate at all times; to institute a public information program, to seek financial aid and to utilize and pool all their resources.

Miss Adella McKee in her presidential address, reviewed recent developments in the field of public health. A study of public health activities in the province was made recently by Dr. Carl E. Buck, Field Director of the American Public Health Association. Two recommendations resulting from this study have been implemented in the city of Winnipeg: (1) the amalgamation of the public health nursing services; (2) the undertaking of all visiting bedside nursing service by the Victorian Order of Nurses. Consideration is being given to the establishment of one well planned, well staffed health and welfare unit to demonstrate what can be done to provide adequate local health and welfare services and to be used as a training centre for public health and welfare personnel. Consideration was also given to the importance of nutrition in wartime as well as the growth of industrial nursing.

In reviewing the progress and developments of the past year, Miss G. M. Hall, school of nursing advisor, admitted great difficulty in suggesting plans for the coming year because of constantly changing needs. Statistics gathered from directors of schools of nursing were quoted regarding

the turnover in staff since September 1939. Five hundred and thirty-five nurses in Manitoba left hospital positions during this time in order to enlist for military service, to be married, or to take other positions for reasons such as increase in salary or better working and living conditions. The rapid growth of graduate staff nursing, along with inadequate salaries, long hours of duty, insufficient help and poor living conditions create a serious problem for the hospital administrator. The education of boards of directors, conferences with medical men regarding the demands made on nursing service, and an attempt to simplify nursing procedures were suggested as a means of correcting existing conditions. It was shown that the mobilization of women for war services is having an effect upon the number of applicants to schools of nursing.

The group of instructors and public health nurses who are giving talks on nursing as a profession in the high schools are endeavoring to point out to the students the advantages of preparing themselves for an occupation which is essentially for women. Consideration is being given the possibility of a centralized teaching program for preliminary students as a means by which standards may be unified and maintained, adequately prepared instructors obtained, and students may advance more rapidly in nursing practice having received a proper foundation in the basic sciences. It was suggested that the public which demands so much from the present day nurse should accept some responsibility in providing the means by which the nurse may be adequately prepared to render the variety of service required.

During the afternoon session brief addresses were given by Commander E. Orde, R.C.N.V.R., Colonel P. G. Bell, D.M.O., MD., Wing Commander A. Sifton, R.C.-A.F., as well as by Dr. D. S. MacKay who spoke of "Plans for Civilian Defence". A most interesting symposium on the medical and nursing care of poliomyelitis, using the Sister Kenny method, was presented by Dr. A. E. Deacon, Mrs. H. Ross, and Miss A. Carpenter of the Children's Hospital,



on Friday evening. The Saturday morning session opened with a lively discussion regarding the distribution of nurses in order to meet the needs of the community from the point of view of the hospital, the private duty nurse, the public health nurse, and the registrar. Rev. Sister Clermont outlined the duties in hospitals which could be delegated to ward helpers. Mrs. Vera Harrison presented the California scheme for the utilization of private duty nurses for emergency needs. Miss P. Hart suggested measures which could be carried out by the public health nurse and Miss P. Brownell pointed out some of the problems encountered by the registrar. An address entitled "Industrial Health — The Modern Challenge to Nursing" by Miss Butzerin was particularly interesting to the public health section which sponsored this session with Miss F. King in the chair. The strain of industrial life, provisions for nursing and medical care, loss of time through illness and other phases of health in industry were considered. First aid treatments as used in industry were then demonstrated by Miss Setka, an industrial nurse.

On Saturday afternoon there was an exceptionally large attendance to hear Dr. A. T. Mathers discuss war neuroses, and Dr. D. Nicholson who spoke of blood banks and their operation, followed by a discussion of the nursing care following blood transfusion, by Miss Beryl Seeman, head nurse at the Winnipeg General Hospital.

Speaking on "Milestones we have passed," Miss Elsie J. Wilson, convener of the legislative committee of the Manitoba Association of Registered Nurses, said that the registration act for nurses, passed in Manitoba in 1913, was the first legislation of its kind in Canada. With this and subsequent amendments to the Act in 1920, 1923, and 1929, it was hoped that the needs of the nursing profession would be realized by educational authorities of the province and that new kinds of professional training would be organized by the province as the needs became manifest. "Nurses by themselves can no longer cope with the problem of staffing hospitals and providing adequate

nursing service for the people of Manitoba", said Miss Wilson.

Following the installation of the new officers, the president, Mrs. A. C. McFettridge, presented Miss Eula Butzerin with a "Bundles for Britain V for Victory" pin.

A very successful convention was climaxed by the annual banquet at which 150 nurses gathered to enjoy a most pleasant evening. Captain A. M. Pratt, guest speaker, was both inspiring and assuring as he told of his experiences "over there" where pathos and humour are so often encountered side by side. He urged that we keep faith with ourselves and our ideals of freedom and the need for a spiritual force to defeat the evil threatening civilization. Miss Lois Kelly, social convener, and her committee were again to be congratulated upon the artistic arrangements of the banquet and place cards. "The Album of Nursing" — a tableau in twelve scenes depicting the outstanding personalities in the history of nursing from 390 A. D. to the present day nurses, directed by Mrs. W. H. Anderson with Miss K. Parker as narrator, was a delightful epilogue to an exceptionally enjoyable program.

It was most encouraging to see the interest displayed by student nurses from schools of nursing who attended many of the sessions as well as the banquet. The future seems much brighter when their enthusiasm and vitality is encountered and we feel that the nursing profession will go on achieving its objectives in spite of the grave problems which now beset us. Exhibits of ward libraries, classroom projects and valuable illustrative material were on display and attracted many interested spectators. The students of one hospital contributed freshly dissected specimens of the heart, kidney, eye and lungs which demonstrated unerringly the value of such classes in the teaching of anatomy and physiology. In addition to the commercial displays, outstanding exhibits were sponsored by the Department of Health and Public Welfare and the nutrition department of the Cancer Institute.

MARION BOTSFORD

*Assistant Secretary, M.A.R.N.*

## The R.N.A.O. Annual Meeting

On April 8, 9, and 10, 1942, the Registered Nurses Association of Ontario held their seventeenth annual meeting in Windsor. Windsor is situated at the south-western end of the province and regardless of the high railway fare from many points, as well as the restriction of gas, there was a good representative attendance from all parts of Ontario. The actual registration was 327 including 47 student nurses as representatives from training schools throughout the Province. The general meeting was opened on Wednesday afternoon by the president, Miss Jean L. Church. The delegates were welcomed by a representative from the City Council and by the Chairman of the District. The president read greetings from Miss Grace Fairley, President, C.N.A., and also a message from Miss Jean S. Wilson, Executive Secretary, who regretted that it was impossible for her to attend. At the annual banquet, the speaker was Dr. Douglas Wilson, associate professor of psychology, University of Western Ontario, and his address, entitled "Love, Laughter and Salad" based on a book of the same name, was very entertaining.

The open meeting on Thursday evening was well attended and took the form of a symposium on "Leadership" including: "The Fundamentals of Professional Leadership" by Miss Marion Lindeburgh, M.A., Director, School for Graduate Nurses, McGill University; "Leadership in Public Health Nursing" by Miss Maude Hall, acting chief superintendent, Victorian Order of Nurses for Canada; "Wanted — Leaders in the General Nursing Section" by Miss Madeline Baker, chairman, General Nursing Section, C.N.A. These addresses were very inspiring both to the nurses and to the public. Following this meeting, the nurses of Windsor entertained the delegates at an informal reception. We appreciated this opportunity to meet fellow-members and discuss problems which it was impossible to do during the busy days of meeting.

On Thursday morning, through the sympathetic co-operation of Dr. R. B. Robson and Mrs. W. H. Cantelon, arrangements

were made for conducted tours of industrial plants. The nurses were divided into two groups, one going to the Ford Motor Company of Canada and the other to the Chrysler Corporation. The student nurses were taken through the Essex Wire Corporation. Transportation to and from the plants was provided by the firms. The R.N.A.O. appreciates the courtesy and privilege granted to the delegates. The opportunity to view the activities of these three firms engaged in wartime production was an outstanding feature and will be long remembered. Following the tour the delegates were guests of the industrialists of Windsor at a luncheon, when the speaker was Miss Iva Wait, R.N., Girls' Counsellor AC Spark Plug Division, General Motors Corporation, Flint, Michigan. We greatly appreciated having Miss Wait attend our meeting to give us a brief history of industrial nursing in the United States and to tell of the development of her work with the General Motors Corporation. In the afternoon the Section business meetings were held concurrently.

The reports of the standing and special committees were presented on Wednesday afternoon and at the sessions on Friday. The membership committee reported that on December 31, 1941, the membership was 5,171 and to date the membership for 1942 was 4,226. The reports of the administrative and trust fund committees of the Permanent Education Fund showed that in 1941 loans to the amount of \$1,625 were granted, and since 1937 that there had been 32 loans, mounting to \$6,725, granted. It is encouraging to note that ten of these loans have been repaid in full and that on others regular re-payments are being made. The suggested revision of the policy, which is considered at least every three years, was presented and discussed and, with certain changes, adopted. As \$1,100 had already been granted for loans in 1942 and as requests are increasing, the general meeting passed a recommendation that the total amount available for loans in 1942 be \$2,000. The nurses are requested to contribute 25



cents towards this fund when renewing their membership or when making application for membership; this request will be continued and the committee has been asked to consider ways and means whereby the fund may be built up in order to meet the ever-increasing demands. The convener of the aid to the British Nurses Relief Fund Committee reported that since February 1941 the total contributions received and forwarded to National Office amounted to \$19,072.56.

The report of the Committee for the Emergency Nursing Adviser stated briefly the activities of this committee in relation to furthering in Ontario the recommendations of the Canadian Nurses Association. Miss Kathleen Ellis was in Ontario from March 6 to 19, inclusive, and visited seven centres. Miss Marjorie Buck, superintendent of the Norfolk General Hospital, was appointed as Emergency Nursing Adviser in Ontario to act in conjunction with Miss Ellis. Miss Buck presented a comprehensive report on her work. Following discussion, a recommendation from the Committee on Nursing Education was presented and passed: "That this committee recommends strongly to the Board of Directors, Registered Nurses Association of Ontario, that the period of service of the Ontario Emergency Adviser should be extended for as long as is financially possible, since in two months one can but prepare the way for effective effort".

The Registry Committee, in connection with the re-organization and the organization of registries, has been very active. The report presented by the convener recalled the fact that at the annual meeting in 1941 the appointment of a registry organizer was considered. The committee recommended that Miss Madalene Baker be the appointee and were delighted when her services were secured for this important task. Miss Baker stated that ten places had been visited on a trip through Northern Ontario and to Fort William and Port Arthur. As a result, a registry was organized which will serve Fort William and Port Arthur, and another registry was organized in Sudbury. Plans are now completed in Sault Ste. Marie and

are under consideration in North Bay. In several centres, they are following the suggested set-up as far as possible. Each of these registries are using the uniform standard record cards, the constitution and the rules and regulations as suggested by the Registry Committee and approved by the Registered Nurses Association of Ontario. (We would like to add that since this meeting in Windsor the Central Registry for Graduate Nurses in Toronto has re-organized and that Miss Baker is now on a trip through Eastern Ontario).

The Registry Committee also reported the demonstration for the training of practical nurses conducted by the London Central Registry. The committee recommended "That the Registry Organizer be asked to continue with the work"; this was adopted by the general meeting and the Board of Directors report that Miss Baker is willing to carry on this work.

Among the other reports presented was one from the Council of Nurse Education and another from the Canadian Nurse Circulation Committee following which the delegates were pleased to hear from Miss Ethel Johns, editor and business manager. Reports were also received from the committees on eight-hour duty for nurses, health insurance, national enrolment of nurses, and history of nursing, as well as from our representatives to the Board of Governors of the Victorian Order of Nurses for Canada, the Canadian Women's Voluntary Service, the Ontario Civilian Defence Committee, and the Wartime Prices and Trade Board. The Committee on Professional and Educational Exhibits were active and obtained a splendid display not only of interest but of educational value. The exhibits from the commercial firms were of interest to all and the Association appreciate the continued co-operation and support of these firms. On Thursday the delegates were guests of the Ladies' Aids of the three Windsor hospitals at a tea and the visiting student nurses were guests of the student nurses of Hotel-Dieu and Grace Hospitals. A luncheon was also arranged for the Canadian Nurse Circulation Committee.

The officers for 1942-43 are president, Miss Mildred Walker, London; first vice-president, Miss Jean Masten, Toronto; second vice-president, Miss M. Blanche Anderson, Ottawa; secretary-treasurer, Miss

Matilda E. Fitzgerald, Toronto. The meeting in 1943 will be in Toronto.

MATILDA E. FITZGERALD

*Secretary-Treasurer, R.N.A.O.*

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## Overseas Mail

Miss Lorraine Miller has kindly sent us some interesting excerpts from a letter written by her sister, from Sierra Leone, West Africa, where she is now stationed with her husband, who is a member of the Royal Navy. She is a graduate of the School of Nursing of the Winnipeg General Hospital.

I am not working this morning so here goes for the weekly letter, everything being under control and the "boys" all busy. (I should explain that the "boys" are black native servants). Suri, my "small boy", has had a huge swelling on his neck which the Clinic has diagnosed as septic lymphangitis. I have been given him light work and keeping him here, for the poor fellow has no real home or bed to go to. The hot water bag came in handy even if it had perished at the top. I mended it with elastoplast and, by putting just a little water in it, we managed to keep up continuous heat and to bring the infection to a head. It was quite a ceremony this putting on of fomentations. I had an audience of seven "boys", with eyes wide and mouths gaping, and every time I put the steaming gauze on Suri's neck everybody squealed except Suri. The heat evidently felt really good to him. I feel that I have done a little public health work, for now eight "boys" know how to prepare and apply fomentations.

Yesterday I had a very interesting and enlightening time when I was taken all over the local hospital for natives. It is a huge place consisting of a number of separate buildings of two floors each, connected by a wide and airy passage. They

have a resuscitation ward for emergencies, male and female medical and surgical wards, a children's department, two operating theatres, and a maternity department in a separate building. The wards are presided over by one nurse, male or female as the case may be, Africans of course, with white Sisters acting as supervisors.

They call the babies "piccin" and they are sweet little things, so quiet and good. One "piccin" of eighteen months had pneumonia and could hardly breathe. The supervisor told the nurse to sit the baby up but she retorted that the child did not stay in a sitting position. I could not help taking a couple of pillows and improvising a sort of Fowler's position and I am glad to say it helped the baby a lot. Another "piccin", nine months old and well developed, had had a spina bifida removed and was doing well. The most interesting case was a "bush baby" who had just been admitted with some unknown eye condition. Her eye was so swollen it looked just like a tennis ball.

The maternity was my chief interest. The bassinets are completely draped in mosquito netting and are supported on an iron frame over the foot of the mother's bed. The "piccins" have no identification whatsoever but the nurses assured me that they knew each one and never mixed them. The native mothers are gradually coming to the hospital to have their babies but usually discharge themselves on the third or fourth day. The "piccins" are washed every day and the mothers are shown how to do it. Although they wear nothing and play around in dirt as soon as they can walk, the children do keep fairly clean. They are bathed in cold water twice a day and oiled, and



their little brown bodies gleam in the sunshine. The mothers are given extra milk but like their rice best of all. One "piccin" had a beautifully shaped head and curly brown hair — his mother was only fifteen but looked twenty-five and said this was "the first piccin she done born".

A little girl had been brought in from up-country with a compound fracture of the leg, five inches of femur sticking out of the flesh just above the knee. The injury was a week old, the bone dead and sloughing away and they did not expect her to live. However she did. The dead bone cleaned itself up, and there was no further gangrene, so they did a reduction and applied traction, and the child is recovering, though one leg is shorter than the other and drawn inwards like a club foot.

I also saw a man who had had a ruptured bladder for three days before it was diagnosed, but did he get peritonitis? No, they just stitched up the bladder, inserted a catheter drain, and he is doing well. There was also a splenectomy, a youngster about eleven who did not know a word of English, but had heard the word "spleen" so often that when the Sister asked him how he was he replied, "Spleen palaver". The anaesthetist is African, trained in the United States, and is very good. Incidentally, the obstetrical Sister delivers all cases unless they are complicated.

The newspapers and magazines are simply grand, and we pass them all on to our friends here. *The Canadian Nurse* usually goes to the nurses at the Connaught Hospital.

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### S. R. N. A. Head Nurse Institute

Sponsored by the Saskatchewan Registered Nurses Association, Miss Ida MacDonald, assistant professor of Nursing Education in the University of Minnesota, recently conducted a highly successful "Head Nurse Institute", first in Regina, and later in Saskatoon. Her stimulating message, presented in four formal sessions plus many incidental contacts, was thought-provoking and practical. It was a challenge that we analyse our methods and attitudes and bore a wide application to general and specific nursing problems in the field of clinical teaching and ward administration. A total registration of 160 nurses was an index of the enthusiastic response of institutional, public health and private duty nurses of the two centres and surrounding towns. In Regina, the sessions were supported by nurses from the Regina General Hospital, Grey Nuns Hospital and the surrounding towns of Indian Head, Maple Creek, Swift Current and Moose Jaw. In Saskatoon, nurses from Melfort, Humboldt, North Battleford, Yorkton, Prince Albert, Eatonville, St. Paul's Hospital, Saskatoon, and Saskatoon City Hospital were present.

In Saskatoon, the chairman of the Institute, Miss D. Bjarnason, supervisor, Saskatoon City Hospital, opened the first session at St. Paul's Hospital by welcoming home Miss Ellis, who has lately returned from her duties as Emergency Adviser to the Canadian Nurses Association. The program followed this broad outline: the place of the head nurse in the organization; personnel policies; analysis of nursing needs and distribution of nursing hours; methods of assignments; problems related to the administration of medications; supervision of students' first performance of a procedure on the ward. At luncheon, Miss MacDonald spoke of the adjustments being made in the United States to meet the present war emergency. The afternoon session closed with two splendid demonstrations. Miss Ronan, B.Sc., of the teaching department at St. Paul's Hospital, presented a lesson to a class of preliminary students in microbiology, showing its relation to the clinical field. Sister Mandin, also of the teaching department, St. Paul's Hospital, then illustrated the teaching opportunities in a student's first demonstration of a procedure on the wards,

choosing the administration of a hypodermic as an example. She demonstrated most clearly the importance of an understanding attitude to create a pleasant and helpful student-supervisor relationship.

The program of the second day was conducted at Saskatoon City Hospital and dealt with the planning of the student's clinical experience. A demonstration was given by Miss MacDonald of an initial conference with a student when coming to a new service. Miss Tedford, supervisor, obstetrical department, Saskatoon City Hospital, with students from her department, outlined the morning circle using as an example the clinical study of an eclamptic toxemic patient. A bedside clinic, conducted by Miss

James, supervisor, Saskatoon City Hospital, illustrated excellent student participation in the study of a diabetic patient.

Miss E. Pearston, superintendent, Melfort Hospital, expressed the appreciation of Saskatchewan nurses to Miss MacDonald and Miss Diederichs, instructor, Gray Nuns Hospital, Regina, president of the Saskatchewan Registered Nurses Association, presented a small token of esteem to Miss MacDonald on behalf of the S.R.N.A. Miss MacDonald's enthusiastic attitude, helpful instruction and effective demonstration, will do much to stimulate a program of clinical ward teaching in the schools of nursing in this Province.

— DOROTHY DUFF

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## Student Nurses at the R.N.A.O.

Under cover of darkness by night, or rain and snow by day, we student nurses invaded Windsor in order to attend the annual meeting of the R.N.A.O. Privileged to penetrate into all but private rooms, we spent the better part of three days, attending business sessions, viewing, exhibits, visiting, eating, and enjoying each other's company with the friendly inquisitiveness of people belonging to the same profession. All three days were as lively as any spent on a hospital floor. Never before have we realized quite so fully what a great deal of steady and sometimes unappreciated work goes on within a nurses' organization. Nor do we know many of the women who carry on such activities but it is due to their efforts that we benefit from new and progressive ideas, and support and due credit should be given them. We applauded silently these women who could with perseverance and deep interest carry on through three days of heavy business, and remain apparently fresh and unfatigued.

These sessions concerned the students quite intimately, especially as means for improving our education and welfare were discussed at some length. It is becoming

evident that nurses will be increasingly necessary in hospital, home and industry, and for this education in many forms is necessary. The means of providing this education received much thought, and it was suggested that, if nursing is to be made a definitely educational and cultural profession serving the public, the best class of candidates should be attracted to it.

The professional exhibits attracted many of us. There were several on the history of nursing, others on nursing in the army, an isolation unit and posters on every conceivable subject connected with nursing. Much care and labour must have been needed to complete any one of them. The tour to the Essex Wire Plant was an adventure for us all and there we were shown the office and duties of an industrial nurse. And lastly, none of us will forget the pleasant tea at Hotel-Dieu and the good time we had seeing through the hospital afterwards. It was with regret that we took leave of our hospitable hosts and newly-made friends.

RUTH LAWFORD  
*Brockville General Hospital*



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## STUDENT NURSES PAGE

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### Case Study of Treatment of Haemolytic Jaundice

BARBARA CONVERY

*Student Nurse*

*Mack Training School, St. Catharines General Hospital.*

In introducing this case study, it is necessary to explain that it has been written purely as such. It is designed to stress the fact that nursing can be so much more interesting, so much more inspiring, and can call forth the best in one, if the nurse sees the reasoning behind her nursing procedures. It is often said nurses are too mechanical, too unimaginative in their work. This indeed is true in many instances but it is a fault that we can correct by having inquiring minds. Whether or not we know why we are doing what we are doing makes the difference between good nursing and indifferent nursing.

The patient, a boy of twenty, was admitted to hospital for splenectomy with the typical symptoms of haemolytic jaundice. He had the greenish jaundice and icteric appearance of the eyeballs due to the amount of bilirubin in the blood, and the easy haemolysis of red cells. He appeared under-developed and undernourished. The spleen was palpable from under the rib margin to below the umbilicus. Laboratory tests revealed his haemoglobin to be 38%, and red cell count 3,000,000. There was increased fragility of red cells, a finding constant in all cases of familial haemolytic jaundice before and after

splenectomy—that is, red cells are more readily haemolized in a hypotonic solution of sodium chloride.

Because patients with haemoglobin of less than 60% and a low red cell count are not considered good operative risks, the boy was typed for transfusion. In typing the donors, it was found that his brother had the same type of blood—that is, small cell volume and similar gold-coloured serum (a finding in anaemia). He also had a low haemoglobin, exactly the same cell volume as his brother. This fact further proved the diagnosis of familial rather than acquired haemolytic jaundice. Apparently, from personal history, the patient had experienced none of the crises of vomiting and pain usually attendant upon the disease. As a preparation for operation, a transfusion of 400 c.c. of citrated blood was given pre-operatively, and a transfusion was also given during the operation. As a result, the patient's haemoglobin was raised to 58% and his red cell count to 5,480,000. Pre-operatively his clotting time stood at  $2\frac{3}{4}$  minutes.

The spleen was removed through a left rectus incision. The connecting vessels, which appeared to be normal, except that some were longer than usual,

were tied off. They showed no evidence of calcified areas, and the liver also appeared normal. The spleen itself was four times the normal size, weighing 1100 gms. and was quite adherent to the diaphragm. The patient's immediate post-operative condition was fairly good. An intravenous of 1000 c.c. of 5% glucose in normal saline had been started in the operating room. However, on the first day post-operative, he developed an acute dilatation of the stomach and the temperature rose to 103 degrees and his pulse to 120. The pulse and heart action were of poor quality because the heart muscle had been poorly nourished for years due to the anaemia, and was not prepared to bear the extra strain. At intervals the pulse was racing, 130-180, and the heart action was of a "rolling" type. A 50-50 mixture of oxygen and air was administered along with digitalin gr. 1/100 at these periods. In this particular case, digitalin proved a very satisfactory heart tonic; each time it was given, the pulse became steadier and the beat more distinct. The oxygen was of definite value as a stimulant and stabilizer. Naturally nursing care was of major importance here. The patient might easily have died during any one of these periods, if they had been missed and prompt action on the part of the nurses had not been taken. For this reason it is important for nurses to have a good knowledge of the physiology of a case. Perfunctory nursing is not enough.

As treatment of the dilatation, a Levine tube was passed, and left in position for three days. There was profuse drainage of dark, reddish brown fluid, and later of green fluid. Pitressin 0.5 was given every four hours for seven doses. The patient was allowed nothing by mouth for three days, but an intravenous of 5% glucose in normal saline

was administered continuously, and ice chips to suck ad lib. On the second day a small enema was given with satisfactory results, and the abdomen gradually became softer. However the temperature continued to rise to 104 degrees—105 degrees, and periods of weakened heart action recurred. Examination of the chest revealed only slight crepitant râles in the left base, indicating moisture in alveoli, but no impaired resonance. This condition probably was caused by the freeing of the spleen from the diaphragm, but in any case not sufficient to warrant such a high temperature. Soludagenan was given more as a prophylactic than as a therapeutic measure.

From these facts, it was concluded that the patient was developing a portal thrombosis, one of the commonest complications of splenectomy. It was at this point that heparin, among the newest of medical wonders, made its entrance. At 3.30 on the morning of the second day post-operative, the first dose of 1000 units was given in the solution of 5% glucose in normal saline. The course of treatment in this case was not typical, nor were the results. The dose varied from 800 units per hour to 4000 units per hour, given in 5% glucose in normal saline running at the rate of 35-50 drops a minute, until 120,000 units had been given. The clotting time which was checked every three hours, using capillary tube method, started at six minutes after 7000 units of heparin had been given and fell to one minute after 16,000 units. At this point the T.P.R. was 105 degrees, 160, 36, and the patient appeared to be dying. This crisis, in which clotting time drops to almost nothing, is apparently typical of the action of heparin. Twenty thousand units were given within the next five hours, and the clotting time began to rise, not steadily, but varying back and forth



from nine to three minutes. The dose was reduced to 2000 units and then to 1500 units per hour, until suddenly on the third morning the clotting time rose to twenty minutes, and the heparin was stopped. Three hours later the clotting time went down to three minutes, and heparin was administered again, until 120,000 units in all had been given. This is a short course of heparin treatment. It was interesting to note that after the crisis the temperature began to drop to 103 degrees — 101 degrees and did not rise again. The pulse-rate also went down and the digitalin was stopped because of its toxicity. The clotting time finally settled at a constant of four minutes.

Here again, in the administration of the heparin and during this period of high temperature, nursing care played an important part. It was necessary to see that the intravenous was running at the proper rate, and it was essential that the clotting time be checked frequently and accurately. Cold sponges were given every three to four hours, and although they proved of little value in reducing temperature, they helped keep the patient comfortable and refreshed, and the temperature from going higher. This was a factor in this case because this patient put up a really amazing fight for life.

Subsequently his temperature went down to normal, his pulse levelled off at 80, and the pre-operative jaundice disappeared. After one day of exhausted sleep, during which he was very pale, the change was dramatic: his cheeks became a normal, healthy pink, his appetite was excellent, his sense of well-being and disregard for his illness were astounding. He was discharged on the fourteenth day post-operative with a prognosis of from ten to twenty years of fairly normal life.

*Instructor's Note:* This case study was written by a third-year student nurse and makes no pretence at being a nursing study. The work was done primarily for the student's own satisfaction and on her own initiative, and she has explained the reasons for her effort. The study was submitted to the surgeon in charge of the patient, and to the hospital pathologist. The reference books from which she received most help were Boyd's "Surgical Pathology", and "Pathology in Internal Diseases". The question is often raised as to the advisability of a student's attempting to go beyond the recognized limits of the nursing aspects of a case study. In this instance, the fact that the student did an excellent piece of work in her care of the patient, would seem to show that her interest in the theoretical aspects of the case had proved an incentive of great value in her effort to do nursing worthy of the name.

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## Ontario Public Health Nursing Service

*Miss Bessie Skinner* (Toronto General Hospital and University of Toronto public health nursing course) and *Miss Alberta Upshall* (Toronto General Hospital and University of Toronto public health nursing course) have been appointed to the staff of the Guelph Board of Health. The nursing service of this Board is being extended and *Miss Ethel Eby* has been appointed supervising nurse.

*Miss Lorraine Larsen* (St. Michael's Hospital and University of Toronto public health nursing course) is now with the Board of Health at Owen Sound.

*Miss Gladys Jackson* (Toronto General Hospital and University of Toronto public health nursing course) has been appointed senior nurse on the Woodstock Board of Health.

*Miss Helen Gardner* (St. Luke's Hospital,

New York City, and University of Toronto public health nursing course) is assisting Miss Jackson at present.

*Miss Jessie F. Smith* (Toronto General Hospital and University of British Columbia

public health nursing course) has accepted the post of public health nurse at Parry Sound. This is a new service and the program will include communicable disease, tuberculosis and school nursing.

## EXHIBITORS AT THE GENERAL MEETING

Nurses once more will have the pleasure of visiting the exhibits of several business firms whose representatives will be with us again this year at the General Meeting. The booths will be in the Rose Room of the Windsor Hotel. Nurses will be welcomed and information given on the products displayed. The following list includes only those firms who had made reservations before May 1.

### **Bristol-Myers Company of Canada Limited**

*Montreal, Que. Booth No. 2*

Bristol-Myers Company of Canada Limited will have an exhibit in which three of their well-known products will be featured: Sal Hepatica, Ipana Tooth Paste, and Mum Deodorant.

A recent survey of a representative group of Canadian homes shows Sal Hepatica to be the most versatile of a whole list of products used to treat conditions of the digestive and eliminative tracts. Not only does it show up as a popular laxative, but also as being widely used in treatment of upset stomach, headaches, colds, rheumatic pains, kidney and liver disorders, and as a general "tone-up" of the system. Ipana Tooth Paste is one of the most widely used dentifrices, especially designed to aid gums to health firmness, as well as to keep teeth bright and sparkling. It is used personally by more dentists than any other dentifrice.

Mum, of course, is the popular cream deodorant that completely stops objectionable perspiration odor without hindering healthful perspiration. It is the most popular underarm deodorant for daily use, and is also widely used on sanitary napkins and perspiring feet.

### **The Macmillan Company of Canada Limited**

*Toronto, Ontario. Booth No. 7*

The Macmillan Company of Canada Limited extends to Macmillan and Company Limited of London every good wish in its Centenary year. A hundred years of book publishing is a long record and The Macmillans' list of authors is an honourable record of great names.

Past achievement, however, is only of value as an incentive to present effort and it is our sincere hope that we are building a reputation that will carry on the tradition of service set by our founders. With pride in our parentage we remember that today we stand on our own feet — a Canadian Company in name and in fact. At the Macmillan Exhibit you will find a display of new and standard nursing texts and nursing literature of especial interest in every field.

### **J. B. Lippincott Company**

*Philadelphia Montreal London, Booth No. 8*

J. B. Lippincott Company offers an interesting display of Nursing Text and Reference Books. Particularly emphasized is the demonstration of basic text books now co-ordinated for easier and better teaching. The correlation of texts in Medical Nursing, Surgical Nursing, Nutrition and Pharmacology has proved itself to be an important step in the progress of Nursing Education.

Be sure to see the display of clinical books for the graduate nurse.

J. B. Lippincott Company celebrates  
150 years of publishing in 1942.

### **A. Wander Limited**

*Peterborough, Canada. Booth No. 9*

New Improved Ovaltine will be featured at an exhibit of A. Wander Limited. New



Improved Ovaltine has been available now for almost a year. This product contains much more than ever before vitamins A, B<sub>1</sub>, and D and the minerals calcium, phosphorus, and iron. The appearance and flavour of this delicious beverage has not been altered, but its nutritional value has been greatly enhanced. All those attending the convention will be welcome at the Wander booth, where Ovaltine will be served, and Mr. C. W. Stewart, who will be in charge of the exhibit, will be pleased to give full information regarding all Wander products.

### **Gibbons Quickset Jelly Powder & Desserts**

*Toronto, Ontario. Booth No. 10*

Greetings from Gibbons! At Shirriffs exhibit a cold glass of Lime Rickey is waiting for you — With our Compliments.

### **Ayerst, McKenna & Harrison, Ltd.**

*Montreal, Que. Booth No. 11*

Ayerst, McKenna & Harrison Limited will feature their group of Vitamin B complex preparations which are known by the name "Beminal". This group, comprising six distinct products, offers a variety of forms and potencies of vitamin B complex to facilitate the selection of treatment to suit individual requirements. In the high potency field, "Beminal" Tablets and "Beminal" Concentrate provide convenient forms for oral administration and "Beminal" Injectable is designed to meet the need for potent B Complex when parenteral therapy is desirable. "Beminal" Liquid; "Beminal" Compound, and "Beminal" Granules are effective in cases of the less severe deficiencies.

Among the other Ayerst products to be shown is included "Alphamin", a biologically standardized preparation, which furnishes a convenient means of supplementing the diet with essential vitamins and minerals during pregnancy and lactation, adolescence and convalescence.

### **The Denver Chemical Company**

*New York & Montreal. Booth No. 12*

In booth No. 12 Antiphlogistine will be exhibited. This, the original kaolin cataplasm, a favorite product with nurses for

a half-century, is used by physicians everywhere in the treatment of inflammatory and congestive conditions. Antiphlogistine, in a class by itself, now as always, has never been successfully imitated.

Galatest, the dry reagent for the instantaneous detection of urine sugar, will also be exhibited. This product, now used routinely by many leading hospitals and by more and more private practitioners every day, is accurate, speedy, economical and labor-saving. Be sure to see Galatest demonstrated.

### **Lehn & Fink (Canada) Ltd.**

*Toronto, Ontario. Booth No. 14*

Nurses will be particularly interested in this attractive display of Hinds Honey & Almond Cream, Hinds Hand Cream, Hinds Deodorant Cream, Pebeco Tooth Paste and Powder—and the lovely Dorothy Gray line of cosmetics. These products have leaped to a new high in Canadian popularity. A complete variety of colours, shades and sizes of Dorothy Gray face creams, powders, lipsticks, etc. will bring you right up-to-date on the latest available creations.

Lysol, by far the most popular and widely used antiseptic and disinfectant in Canada for over 50 years, will also be on display. Lysol is available in three sizes to consumers in all drug stores from coast to coast. Lysol is also available to hospitals in large quantity containers at a reduced price. Lysol is a proven product — extremely popular for feminine hygiene and as a household disinfectant. Lysol has a phenol co-efficient of 5. Lysol is economical, because it is concentrated and requires dilution with water; it is dependable, effective, has a cleanly odour, retains its powerful germ-killing strength indefinitely. Complete instructions are included with every bottle.

Right now Lysol is featuring a special booklet, "Wartime Manual for Housewives", which will be given away free by the dealer with each Lysol purchase. This well-written booklet is packed with helpful information and is arousing much interest.

### **G. H. Wood & Company Limited**

*Toronto, Ontario. Booths 15 & 16*

G. H. Wood & Company, Limited, have

planned a very large interesting display for the forthcoming annual Convention at Montreal. We would especially draw your attention to their presentation of "Embossed Linenized Paper Tray Covers". It is quite apparent that these Tray Covers are proving very popular as a substitute for linen. Many hundreds of hospitals have adopted this service with complete satisfaction to all concerned. Their famous "Green Surgical Soaps" can still be supplied promptly from stocks.

Wood's "Floor Scrubbing and Polishing Machines", together with their "Cromax Liquid Floor Finish", provides an excellent team for effective and economical floor maintenance.

In addition to the above items, the complete Wood's line will be on display at their large exhibit. If for any reason you cannot attend the Convention, we would suggest that you write to G. H. Wood & Company, Limited, at Montreal or Toronto, or their nearest branch, and they will answer your enquiry without obligation.

### **Bland & Company, Limited**

*Montreal, Que. Booth No. 19*

Twenty-five years ago when Bland and Company pioneered in Canada the first Nurses' Tailored Uniforms, there was no shortage of cotton, nor any limit on the width of hems, and the cottons in vogue were Gabardenes and heavy British drill cloths. Prices began at \$6.50 each, the popular line being at \$8.50 each. The hems were eight inches wide and belts four and a half to five inches in width. In many cases sleeves were closed with a dozen pearl buttons. In addition everyone bought an underskirt to wear also. Compare such styles with today's requirements! In place of Gabardenes, the call is for fine Count cottons, in such weaves as Aeroplane or Poplin or Broadcloth; as a matter of fact, many nurses are wearing Sharkskin. Today we have an inch and a half hem, and a button or two on the sleeves. What a vast difference in the tastes of today and a quarter of a century ago!

Yet Bland still leads the way, for his products are worn by the very elite in the Profession, and enquiries reach this factory

from purchasers extending from England to Australia, showing their confidence, with that of the vast majority of Canadian Nurses, in a good article, well made and cut with a dash of style.

### **McAinsh & Company Ltd.**

*Toronto, Ontario. Booth No. 22*

McAinsh & Company Ltd., 388 Yonge Street, Toronto, booksellers specializing in books for the Nursing, Medical and Dental professions; agents for General Reference Works and a depot for all books of current literature; representatives in Canada of The Literary Guild, a popular club through which members have the privilege of purchasing monthly selections at definite savings. McAinsh & Co. Limited was founded in 1885 and through fifty-seven years of continuous service has merited the confidence of book buyers throughout Canada. The past year has been one of the best in the company's history and the program is one of expansion — orders of any size are handled expeditiously. Catalogues, circulars and quotations are sent on request. You are invited to consult McAinsh & Co. Limited regarding your needs. See Mr. B. T. Ripley at the Convention Exhibit. He will be glad to discuss the question of text-books, or give information on recommended lists.

### **Charles Gurd & Co. Limited**

*Montreal, Que. Booth No. 23*

Charles Gurd & Co. Limited, Canada's 73 year old manufacturer of carbonated beverages, will again exhibit at the General Meeting of the Canadian Nurses Association.

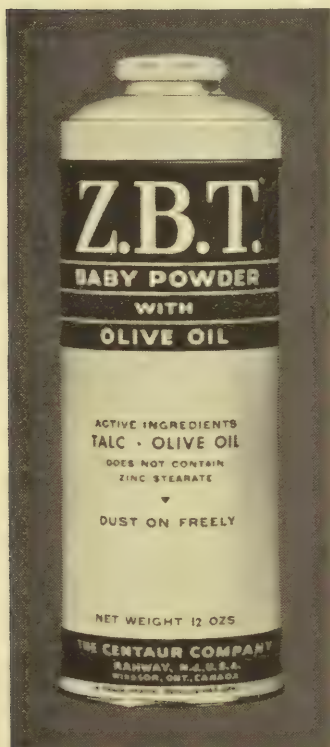
Besides being famous as the makers of Gurd's Belfast Ginger Ale and Dry Ginger Ale, so often recommended by the Medical Fraternity for postoperative cases, as well as for general hospital use, Gurd's now also manufacture a high quality, easily prepared "Hot Chocolate".

Gurd's "Hot Chocolate" is a mixture of fine cocoa, powdered whole milk and pure cane sugar especially prepared so that boiling water only need be added to make a hot nourishing beverage.

Nurses will find that this product is exceptionally useful not only for patients but



**"Nurse, no girl  
should be without  
Z.B.T. with  
Olive Oil!"**



**Z.B.T. protects better against chafing,  
helps keep baby more comfortable**

**N**URSE, just feel that extra-smooth, silky "slip" when you rub Z.B.T. between your fingers. That is how Z.B.T. Powder with Olive Oil acts in tender skin folds. That is the reason for its better protection against chafing.

Z.B.T. promotes the healing of prickly heat, diaper rash and similar minor skin irritations. And this moisture-resistant, long-clinging powder with olive oil guards baby more effectively against wet diapers and perspiration.

It will cost you nothing to try Z.B.T. Powder — to prove to yourself its many advantages in infant and adult skin care. Clip the coupon below for your free professional package.

**FREE!** The Centaur Company, Dept. D-62, 1019 Elliott St. W., Windsor, Ont.  
Please send free professional package of Z.B.T. to:

Name

Address

City  Prov.

for themselves as a healthy "pick-up" when tired.

Many thousands of one ounce envelopes have been shipped overseas to the Canadian forces and it is also being used constantly in one of the convalescent hospitals in England.

Charles Gurd & Co. Limited wish to extend best wishes to all nurses attending their Biennial General Meeting.

### **The J. F. Hartz Company Limited**

*Montreal, Que. Booth No. 24*

The J. F. Hartz Company of Montreal Limited welcomes the Canadian Nurses to their Convention being held this year in Montreal. Although we are at war and medical and surgical supplies are becoming increasingly difficult to obtain, we believe that you will find the display in our booth, number 24, both interesting and informative! We also hope that you will find time to visit our Headquarters, located at 1434 McGill College Avenue, where our staff will be pleased to serve you in every way possible.

### **Reckitt & Colman (Canada) Ltd.**

*Montreal, Que. Booth No. 25*

The following is quoted as some indication of the value of "Dettol" Antiseptic and "Dettol" Obstetric Cream in the field of obstetrics: "Dettol", in the form of a 30

percent cream, has been employed as a routine for the hands and vulva in hospital cases for the past two and a half years. During this period the incidence of infections due to all grades of haemolytic streptococci has undergone a reduction of more than 50 percent when compared with a similar period immediately prior to the use of "Dettol" and, since there has not been any other change in antiseptic procedure, I think the improvement may fairly be ascribed to this factor. — L. Colebrook, "The Prevention of Puerperal Sepsis", *Journal of Obstetrics & Gynaecology of the British Empire*, Vol. XLIII, No. 4, 1936.

### **Vi-Tone Sales Limited**

*Hamilton, Ontario. Booth No. 30*

Mr. Gordon Anderson, Advertising Manager of Vi-Tone Sales Limited, extends a cordial invitation to all Convention delegates to the Vi-Tone Booth to be opened right in the Windsor Hotel. It is being planned as an attractive oasis to which you may turn aside to refresh yourself with ice-cold Vi-Tone whenever the impulse strikes you. New sample tins of Vi-Tone will also be distributed. Mr. Anderson will be personally present to welcome all visitors, and trained attendants will be on hand at all times to answer any questions regarding the dietary qualities of Vi-Tone.

## **NEWS NOTES**

### **ALBERTA**

#### **PONOKA:**

The annual meeting of Ponoka District No. 2, A.A.R.N., was held recently at the Provincial Mental Hospital. The following officers were elected to serve during the coming year: Chairman, Miss M. Foster; vice-chairman, Miss Harle; secretary-treasurer, Miss N. Leckie; representative to *The Canadian Nurse*, Miss O. Websdale; representative to collect monthly donations for the British Nurses Relief Fund, Miss K. Westerlund. Miss R. Scott, a delegate to the recent convention, then gave an enjoyable and comprehensive report. Following the meeting lunch was served.

Miss M. McLean, instructor of nursing. Provincial Mental Hospital, left recently for active naval service.

#### **LETHBRIDGE:**

On Sunday, May 3, nurses of Lethbridge and district gathered at St. Augustine's Church for the Nurses National Day of Prayer. The Rev. Paul C. Wade gave a stirring address, with many in attendance.

#### **EDMONTON:**

#### **Royal Alexandra Hospital:**

At a recent meeting of the Royal Alexandra Alumnae Association Miss M. S. Fraser gave a most interesting report on



the annual meeting of the A.A.R.N. Mrs. F. Ferrier reported on the refresher course which the Alumnae Association is sponsoring. Over 40 nurses who have retired from active nursing are taking the course so as to be prepared for any emergency which might arise on the home front. The course will consist of lectures and demonstrations on the newer methods of treatment, drugs, etc. The Alumnae Association donated \$40 to the Kinsmen Milk for Britain Fund; this was half the proceeds from a dance held in February. Mr. W. H. Phillips gave a most interesting talk at the close of the business session on "Thrift".

The Student Nurses Choral Club and the Dramatic Club were recently entertained by the Alumnae Association following a concert, part of the proceeds of which were donated to the Red Cross.

The regular monthly meeting of the Royal Alexandra Hospital Alumnae Association was held recently. Mr. T. B. Skidmore gave us a most interesting talk illustrated by technicolour pictures of Utah which was much enjoyed. The Student Nurses Choral Club sang a "school song" for the approval of the Alumnae Association.

Miss Evelyn Sutherland, Miss Sadie MacDonald, Miss Rita Cameron and Miss Selma Hall left recently for military duty in South Africa. Mrs. Dorothy Halpenny has resigned from the operating room staff for duty at a Naval Hospital in Newfoundland. Miss Phylis Hall leaves shortly for military duty.

### BRITISH COLUMBIA

#### VANCOUVER:

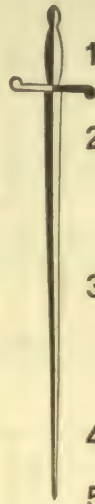
The Science Girls Club, whose members have university degrees in nursing, was organized in 1933. Over 60 members are now enrolled. Last February, we put on a Penny Carnival at the V.G.H. auditorium as our first effort to raise funds for the British Nurses Relief Fund. The entertainment included roulette, bingo, horse-racing, miniature golf, fortune-telling, and music. There were gay booths of home cooking, plants, trinkets, and candy. Coffee and doughnuts were also served, and there were door prizes and raffles. One hundred and sixty-seven dollars was raised towards the fund.

### MANITOBA

#### BRANDON:

The annual meeting of the Brandon Graduate Nurses Association was held recently with a good attendance. The activities

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Applications are invited for the position of **Night Supervisor** in an active five hundred bed general hospital in Ontario which conducts a School for Nurses. Send applications in care of:

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**WANTED**

Applications are invited from registered nurses for **General Duty** in a **Tuberculosis Sanatorium** of 360 beds. When writing please state previous experience, age, etc. The salary offered is \$60 a month, with full maintenance. Address applications to:

**Miss M. L. Buchanan, Superintendent of Nurses, The Laurentian Sanatorium, Ste. Agathe des Monts, P.Q.**

**WANTED**

Applications are invited for the position of **Instructor** for a School of Nursing in a fifty-bed General Hospital in South Western Ontario. This hospital is a progressive institution in an attractive location. Address applications in care of:

**Box 16, The Canadian Nurse, 1411 Crescent St., Montreal, P. Q.**

**WANTED**

Applications are invited for the position of **Operating Room Nurse** in a fifty-bed Hospital, for June 15. Applicants are preferred with some knowledge of X-ray and laboratory work. Apply, stating qualifications, to:

**The Superintendent, Great War Memorial Hospital, Perth, Ont.**

of the past year included refresher courses under the convenership of Miss E. G. McNally, and practical procedures have been demonstrated at each meeting of the Association. Many members have given invaluable help in the wards of the hospital when during the winter months it was filled to capacity. Financial and material aid has been given to the Brandon Welfare League, and donations amounting to \$200 to the British Nurses Relief Fund. The Married Women's Section has been very active, their receipts totalling over \$300. Assistance has been given by the section to the Red Cross. The Private Duty Section has also been busy with war work, as has the Downtown Group and the General Hospital Group.

Extremely interesting lectures have been given throughout the year by various outstanding speakers.

The Registry reports that all calls from the hospital and from the country have been filled. Eight-hour duty has been instituted for the private duty nurses.

The annual banquet of the B.G.N.A. was a great success. Nineteen members of the 1942 graduating class were the guests of honour.

All members of the executive were re-elected to serve during the coming year.

**WINNIPEG:****Winnipeg General Hospital:**

Approximately 20 head nurses from our



school attended the meetings of the Institute recently held in Winnipeg, under the leadership of Miss Ida MacDonald of the University of Minnesota. All sessions were interesting and profitable.

A number of W.G.H. graduates have joined the staff of the V.O.N. in Winnipeg, including Miss E. Willis (1941), Miss Margaret Burgess (1941), Miss M. MacLean (1942), and Miss G. Garnett (1942).

Mrs. A. C. McFetridge (Mildred Reid, 1924) was elected president of the M.A.R.N. at the annual meeting recently held in Winnipeg. Miss Edith Hunter (1941) has recently accepted a position with the social service department of the W.G.H.

The following marriages of W.G.H. graduates have recently taken place: Mary Wilson (1940) to Lieut. S. East; Alice Tretiak (1941) to Flight-Lieut. E. Daniel.

#### NEW BRUNSWICK

##### SAINT JOHN:

At a recent regular meeting of the Saint John Chapter, N.B.A.R.N., an interesting lecture on new drugs and their uses was given by Dr. Norman Skinner. A refresher course was recently conducted by the local chapter at the General Hospital, under the supervision of Miss Pringle, with 93 nurses in attendance.

The following graduates of the Saint John General Hospital, included in the second group of Canadian nurses chosen for military service in South Africa, have arrived safely: Nursing Sisters Alice V. Carney and Marion McGowan. The first group included Nursing Sisters Marion McAfee, Dorothy Brown, Ina Wetmore, Fern Townshend, Helen Stephenson, Cavell Lewis, and Margaret Goldsmith. A farewell party was given recently for Nursing Sister Mabel McKenzie, who has enlisted for military service in South Africa. A party was also given at the Saint John Tuberculosis Hospital in honour of Miss Mary Busby, who is leaving shortly for Montreal.

The following marriages have recently taken place: Josephine Cox to A. Biringham; Alberta Poore to George Skeldon; Arthenia Hickey to Frank Murray; Virginia Webber to George McDougall.

##### MONCTON:

The graduation exercises of the School of Nursing of the City Hospital were held recently, when 19 students received their diplomas and pins. The guest speaker was Dr. Collins of Saint John. A private reception was given to the graduating class and the guests following the exercises, and a dance, sponsored by the Nurses Hospital Aid, was also given in honour of the graduates.

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The National Day of Prayer for Nurses was commemorated on May 10 by the students and graduates of the City Hospital and Hotel-Dieu, and special services were held at Central United Church and St. Bernard's Church.

Miss Jane Hunt is stationed in Moncton as air stewardess on the new flight of the Trans-Canada Air Lines to Newfoundland. Miss Alice Newcomb and Miss Gladys Wilson have joined the R.C.A.F. as nursing sisters, and are stationed at Dartmouth, N. S.

Married: Recently, Miss Elizabeth Campbell to Mr. Gerald Trites.

### CHATHAM:

On National Hospital Day many visitors from all the surrounding district made their way to the Hotel Dieu Hospital to visit its departments and to meet old friends. Over a hundred little tots, familiarly known as "Hotel Dieu Babies", came trooping through the halls, or crowing with delight on the arms of their smiling mothers. It was a pleasure to note that more than 90 percent of these citizens were either normal or overweight.

Reverend Mother Superior, and the Sisters, accompanied by the Ladies Aid, welcomed the visitors most cordially and lunch was served by members of our Hospital Aid. Open house was maintained and the visitors were invited to St. Michaels Auditorium where pictures, showing first aid workers in action, were displayed.

### NOVA SCOTIA

#### HALIFAX:

A well attended meeting of the Halifax Branch, R.N.A.N.S., was held recently at the Nova Scotia Hospital, Dartmouth. Dr. Murray MacKay, superintendent of the Hospital, gave a most interesting and helpful address on modern problems in psychiatry. The Nova Scotia Hospital Social Club entertained the members and served refreshments.

The following nurses have enlisted with the Navy, and are stationed at the Naval Hospital, Halifax: Matron Marjorie Russell (Hospital for Sick Children, Toronto), Nursing Sisters Shirley Beck (Victoria General Hospital, Halifax), Vera Burton (Victoria General Hospital, Halifax), Eileen Davidson (Toronto General Hospital), Bonnie Dundee (Winnipeg General Hospital), Rae Fellowes (Royal Victoria Hospital, Montreal), Mary Irving (Montreal



General Hospital), Isabel Kee (Toronto Western Hospital), Beth Preston (Victoria Hospital, London), Patricia Rand (Jeffery Hale's Hospital, Quebec), Beryl Rutherford (Homoeopathic Hospital, Montreal), Janet Story (Halifax Infirmary), Hazel Tilling (Hamilton General Hospital), Jane White (Wellesley Hospital, Toronto).

#### NEW GLASGOW:

##### *Aberdeen Hospital:*

Miss Marjorie MacLellan and Miss Mildred MacDonald (1942) have accepted positions on the staff of the Colchester County Hospital, Truro. Miss Elizabeth Reed, who has been with the Victorian Order of Nurses in New Glasgow for the past three years, is now serving with the R.C.A.M.C. and is stationed at the military hospital in Sussex, N. B.

Married: Recently, Miss Elizabeth Kennedy (1934) to Gunner Reid Holland, R.C.A.

#### ONTARIO

##### DISTRICT 1

#### CHATHAM:

##### *Public General Hospital:*

Under the direction of the superintendent of the Public General Hospital, Miss Priscilla Campbell, a refresher course for married and inactive nurses of District 1, R.N.A.O., was held recently at the Public General Hospital in Chatham. This course was exceptionally well attended, having a registration of 55, and a daily average of 53. These nurses were extremely keen and interested. The program was as follows: Anaesthetics, by Dr. Allen Stewart and Miss D. Hooper; eye, ear, nose and throat, by Dr. S. M. Holmes and Miss W. Fair; x-ray, by Dr. F. I. Reid and Miss H. Stobbs; fractures, by Dr. W. Hardman and Miss V. Carnes; obstetrics, maternity ward and nursery, by Dr. J. L. MacArthur and Miss B. Lewis; surgical emergencies, by Dr. G. H. R. Hamilton and Miss D. Thomas; oxygen therapy and blood transfusion, by Dr. J. Moriarty and Miss L. Hastings; feeding the family in wartime, including feeding of hospital patients, by Miss Edythe Patterson, dietitian; nursing procedures connected with morning lectures, by Miss L. Hastings and Miss W. Fair; new drugs, by Dr. C. C. White and Miss F. Field; burns and wartime gases, by Dr. W. F. Charteris and Miss W. Fair. Op-



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(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

opportunities for observation were arranged on the medical, surgical, obstetrical and children's wards. Miss Campbell was assisted in planning and managing the course by Miss Lila Baird.

### LONDON:

#### *Victoria Hospital:*

A successful bridge and dance was held recently by the Alumnae Association of Victoria Hospital in aid of the British Nurses Relief Fund, and a substantial amount was raised. Our Alumnae Association extends congratulations to Miss Mildred Walker who has been appointed president of the R.N.A.O.

Miss Juanita Spettigue expects to leave shortly for military nursing service in South Africa. Interesting letters have been received from Miss Joe Monteith, Miss Christina Aiken, and Miss Irene Sadleir, who are on duty there. Miss Dorothy Price Wiggins has been called for duty with the naval service in British Columbia. Miss Kay Black, a member of the supervising staff of V.H., has joined the nursing service of the R.C.A.M.C., and is on duty at the London Military Hospital. Her position as supervisor of the communicable disease division of V. H. has been filled by Miss Grace Morris. Nursing Sister Edna Waugh, who was recently invalidated home from active service in England, has returned to duty at the London Military Hospital.

### DISTRICT 4

### HAMILTON:

#### *Hamilton General Hospital:*

The following marriages have recently taken place: Marian Swent to Surgeon-Lieutenant A. K. Mighton; Elizabeth Simons to Jeffrey Robert Stutley.

### DISTRICT 5

### TORONTO:

#### *Toronto Western Hospital:*

At a recent meeting of the Toronto Western Hospital Alumnae Association the president, Mrs. Douglas Chant, was in the chair. Prof. R. O. Hurst, Dean of the College of Pharmacy, University of Toronto, gave a most instructive talk on the restrictions involved in the handling of drugs. He stressed the help which a graduate nurse can give in this work. Miss Jean Mitchell explained the need for the recent registration of all graduate nurses in the province. Miss Bertha Miles gave an interesting report of the R.N.



A.O. convention held in Windsor. It was decided that a second scholarship be awarded by the Alumnae Association, considering the great need for nurses with postgraduate study.

A very successful dance was held recently at which the graduating class were guests of honour.

### PRINCE EDWARD ISLAND

#### CHARLOTTETOWN:

The following graduates of the City Hospital have recently joined the nursing service of the R.C.A.M.C.: Margaret MacEwen, Joanne MacDonald, Marcella MacDonald, Mary MacDonald, Catherine Collins, Helen Solomon, Margaret Campbell, Mary Croken. Miss Isabella Nicholson, surgical nurse at P.E.I. Hospital, has also joined the nursing service of the R.C.A.M.C.

Th following nurses have recently left for South Africa: Jean MacPhee, Leone Dockendorff, Claire Clohossey, and Eileen Howard, of the staff of the Provincial Sanatorium; Hazel Wood and Stella MacLean, graduates of P.E.I. Hospital.

Married: Recently, Miss Marcella Bell (P.E.I.H., 1941) to Mr. Wm. MacRae.

### QUEBEC

#### MONTREAL:

#### *Montreal General Hospital:*

Miss A. B. McLauchlan has resigned her position as first assistant in the operating room in the Central Division. Prior to her departure, Miss McLauchlan was guest of honour at a tea when she was presented with gifts from Miss Holt and her staff, and the operating room staff. Miss McLauchlan leaves to take charge of the operating room in the Cornwall General Hospital.

Miss Lolita Best (1927) has been appointed Nursing Sister with the South African Military Nursing Service. Miss C. Lefebvre, Miss F. Buffett, Miss K. Hayward, and Miss E. Hillman, of the 1942 class, have accepted positions on the staff of the Central Division. Miss June Hawke (1941) is doing floor duty at the Vancouver General Hospital.

Married: Recently, Miss Alison S. Weldon (1934) to Mr. Frederick H. Goggin.

#### *Royal Victoria Hospital:*

The members of the Class of 1942 were recently the guests of the Alumnae Association of the Royal Victoria Hospital at a special meeting and reception held in the nurses home. In the recreation rooms, which were gay with spring flowers, Mrs. R. A. Taylor presided and welcomed the guests.



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The address to the class was given by Mrs. M. A. Stanley, and Miss F. Munroe announced the prize winners. The prizes given by the Alumnae Association for the highest aggregate marks in examinations for the three years went to Miss Beryl McRae in the first division, and Miss Margaret Woolner in the second division; prizes for general proficiency to Miss Eleanor Illsey in the first division, and Miss Elizabeth McRae in the second division. Dr. Tremble's prize for general proficiency went to Miss Kathleen Gallagher. Miss Barbara Whitley then entertained the audience with her clever sketches, and a buffet supper was served.

Nursing Sisters Helen Kendall and Janet MacKay have returned to Canada from England.

Miss Eileen Ferguson is now in charge of Ward G (men's surgical), and Miss Hope Ross and Miss Marguerite Webb are assistant staff nurses on Ward J (semi-private).

Married: Recently, Miss Marguerite McElroy (1937) to Mr. Harry Zelmer.

### *McGill School for Graduate Nurses:*

A most enjoyable tea was given recently by the Class of 1941-1942 in honour of one of their members, Mrs. Richard Mungen, whose marriage took place recently. An honoured guest at this tea was Miss Julita Sotejo, superintendent of nurses in the Philippine General Hospital, Manila. Miss Sotejo is a Rockefeller student at the School of Nursing, University of Toronto, and paid a visit to the McGill School for Graduate Nurses. Miss Sotejo addressed the students, giving them an insight into nursing in the Philippines.

At the annual spring tea held recently at the School for Graduate Nurses, the Class of 1941-1942 were hostesses to their many friends. Spring flowers and the spacious rooms made a very attractive setting for this delightful event. Miss Lindeburgh, Miss Mathewson, Miss Archer, and Miss Trueman received the guests.

Married: Recently, Miss Elizabeth Thompson to Dr. Richard Mungen.

### *St. Mary's Hospital:*

The following nurses are now holding industrial positions at the Canada Car & Foundry Co. at St. Paul l'Ermite: Kathleen Brady, Esmarelda Quinn, Lorraine Dubé, Florence DeCourville, Patricia Kennedy, Doris McCarthy. Miss Elsie Rail is now industrial nurse at the personnel department of the D.I.L. in Verdun. Miss Louise Shea is now industrial nurse at the Dominion Industries Limited, Ste. Therese.

The following marriages have recently taken place: Elizabeth Marjorie Tees to W. P. Shea; Rita O'Donnell (1941) to W.



Smith; Vera Bedford (1940) to Dr. McInerney; Catherine St. Onge to Lieut. W. King.

## QUEBEC:

### *Jeffery Hale's Hospital:*

The last monthly meeting of the Alumnae Association of Jeffery Hale's Hospital for the season was held recently, when Dr. Donald MacMillan gave an interesting address on anaesthesia.

In April, a refresher course for graduate nurses was started, consisting of 12 lectures, each followed by a demonstration class. The lectures include subjects of importance at the present time, and show the progress which has taken place in medicine and surgery in the last few years. The lectures are being given by doctors and instructresses of the hospital staff. They are well attended by graduates of the hospitals in Quebec City, and we hope that all will benefit greatly by them.

The V. A. D's, under the instruction of Mrs. Wilfred Rourke (1941), have successfully finished their six weeks of classroom work, and are now helping the nurses to care for the patients at the J.H.H. The V.A.D.'s were recently entertained at tea by the graduate staff. This gave them an opportunity to meet the ward supervisors under whom they are working.

Miss M. Jones (1942) is taking a post-graduate course in obstetrics at the maternity division of the Royal Victoria Hospital, Montreal. She is returning in June to be supervisor of the maternity floor at J.H.H. Mrs. J. Bowker (1942) is acting supervisor at present.

Married: Recently, Miss Norah Caroline Martin (1929) to Mr. Alexander M. MacDonald.

## SASKATCHEWAN

### SASKATOON:

Four hundred tea guests recently thronged the home of Mrs. G. R. Peterson in support of the British Nurses Relief Fund. A special guest was Miss Ida MacDonald, assistant professor of nursing education of the University of Minnesota School of Nursing.

Dr. and Mrs. Peterson graciously set out for display their valuable collection of antiques, carefully labelled for the visitors' information. A huge oil painting done in 1802, a fine collection of Baxter prints, Venetian glass, an old Dutch cupboard filled with pewter ware, and a set of beautifully carved Chippendale chairs were part of this interesting collection. Miss E. Howard and Miss Bateman assisted in receiving the guests. This delightful function was arranged under



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the direction of Miss M. Chisholm, chairman of the provincial committee for the British Nurses Relief Fund. Miss H. G. McConnell, Mrs. M. Rogers, Miss Beth Waddington, Mrs. J. Gibson, Miss M. Bohl, and Miss Jean Whiteford helped with the arrangements. The committee is pleased to forward to the British Nurses Relief Fund a sum of over three hundred dollars.

The annual meeting of the Saskatoon Registered Nurses Association was held recently, with the vice-president, Miss Dorothy Lemery, in the chair. Plans were made for a service to be held in St. John's Cathedral, following a request from Miss J. S. Wilson, executive secretary of the C.N.A., for participation in the nationwide Vesper Service.

The officers for the coming year are: President, Miss E. Fendley; first vice-president, Miss Bohl; second vice-president, Miss Tedford; secretary, Miss E. Hanna; treasurer, Miss M. Urton; honorary treasurer, Miss D. Duff; councillors: Miss K. W. Ellis, Miss L. J. Whiteford, Miss R. L. Smith, Miss M. Chisholm, Miss M. Finlayson, Miss E. Grant.

### NEWFOUNDLAND

#### ST. JOHN'S:

Coffee cans collected from pantry shelves are being pressed into service as containers for first aid materials—and schoolgirls are finding another way to help in their spare time. A workshop for the Volunteer Corps was provided at Government House. Miss Syretha Squires, Director of Nursing Services, came in to supervise the work. The W.P.A. did its bit by voting a fund for necessary purchases. Intended only as miniature first aid kits for emergency use in the home, the coffee cans in their new dress contain a little bit of everything that may be needed for minor injuries or burns, and a book of first aid instructions, all neatly wrapped and packed in the tin. The kits have been made up with very little expense. Linen, cleaned and sterilized by ironing, was used for bandages and dressings. The cups were made from paper, and the applications are merely toothpicks fitted with wadding-tips. Total cost per kit works out at approximately fifty cents.

At the annual meeting of the Newfoundland Graduate Nurses Association the work of the year was reviewed and the reports showed the Association to be in good standing. The election of officers for the ensuing year took place and the following were elected: President, Miss S. Squires; vice-president, Miss A. Bishop; secretary, Miss M. Lorenzen; assistant secretary, Miss D. Shea; treasurer, Miss S. Bartlett; assistant treasurer, Miss M. Holden; convener of entertainment committee, Miss E. Thomas.



# Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 810 Cedar Street, New Haven, Connecticut, U. S. A.

## THE CANADIAN NURSES ASSOCIATION

**President**..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.  
**Past President** Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.  
**First Vice-President**..... Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.  
**Second Vice-President** Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, P. Q.  
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### COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

*Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

**Alberta:** (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Helen Garfield, 713-3rd St. E., Calgary; (4) Miss Annie Carlson, 112-10th Ave. N. W., Calgary.

**British Columbia:** (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

**Manitoba:** (1) Miss A. McKee, V.O.N., Medical Arts Bldg., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, St. Boniface Hospital, St. Boniface.

**New Brunswick:** (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

**Nova Scotia:** (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

### OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

#### Hospital and School of Nursing Section

**CHAIRMAN:** Miss Blanche Anderson, Ottawa Civic Hospital. **First Vice-Chairman:** Miss E. G. McNally, General Hospital, Brandon. **Second Vice-Chairman:** Miss M. Batson, Montreal General Hospital. **Secretary-Treasurer:** Miss W. Cooke, Ottawa Civic Hospital.

**COUNCILLORS:** **Alberta:** Miss G. Bamforth, Royal Alexandra Hospital, Edmonton. **British Columbia:** Miss F. McQuarrie, Vancouver General Hospital. **Manitoba:** Miss D. Ditchfield, Children's Hospital, Winnipeg. **New Brunswick:** Miss Marion Myers, Saint John General Hospital. **Nova Scotia:** Sister Mary Peter, St. Joseph's Hospital, Glace Bay. **Ontario:** Miss L. D. Acton, Kingston General Hospital. **Prince Edward Island:** Miss Georgie Brown, Prince County Hospital, Summerside. **Quebec:** Miss M. Batson, Montreal General Hospital. **Saskatchewan:** Miss A. F. Lawrie, Regina General Hospital.

#### General Nursing Section

**CHAIRMAN:** Miss M. Baker, 249 Victoria St., London, Ont. **First Vice-Chairman:** Miss F. M. H. Brown, Wolfville, N. S. **Second Vice-Chairman:** Miss P. Brownell, 212 Balmoral St., Winnipeg. **Man. Secretary-Treasurer:** Miss A. Conroy, 404 Regent St., London, Ont.

**Ontario:** (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

**Prince Edward Island:** (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

**Quebec:** (1) Miss E. Flanagan, 3801 University Street, Montreal; (2) Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

**Saskatchewan:** (1) Miss Matilda Diederichs, Regina Grey Nuns Hospital; (2) Miss A. F. Lawrie, Regina General Hospital; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss R. Wozny, 2216 Smith St., Regina.

**Chairmen, National Sections: Hospital and School of Nursing:** Miss B. Anderson, Ottawa Civic Hospital. **Public Health:** Miss M. Kerr, Eburne, B.C. **General Nursing:** Miss M. Baker, 249 Victoria St., London. **Convenor, Committee on Nursing Education:** Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

**COUNCILLORS:** **Alberta:** Miss A. Carlson, 112-10 Ave. N. W., Calgary. **British Columbia:** Mrs. E. B. Thomson, 1095 West 14th St., Vancouver. **Manitoba:** Miss C. Bourgeault, St. Boniface Hospital, St. Boniface. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia:** Miss G. Porter, 115 South Park St., Halifax. **Ontario:** Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. **Prince Edward Island:** Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown. **Quebec:** Miss A. M. Robert, 5484-A St. Denis St., Montreal. **Saskatchewan:** Miss R. Wozny, 2216 Smith St., Regina.

#### Public Health Section

**CHAIRMAN:** Miss M. Kerr, Eburne, B.C. **Vice-Chairman:** Miss W. Dawson, Health Centre, Saint John, N.B. **Secretary-Treasurer:** Miss L. Creelman, 2570 Spruce St., Vancouver, B.C.

**COUNCILLORS:** **Alberta:** Miss Helen Garfield, 713-3rd St. E., Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss F. King, 46 Balmoral Place, Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss W. Ashplant, 807 Waterloo St., London. **Prince Edward Island:** Miss Margaret Darling, Alberton. **Quebec:** Miss A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan:** Miss Gladys McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

Pres., Miss Rae Chittick, 815-16th Ave. W., Calgary; First Vice-Pres., Miss Catherine M. Clibborn, University of Alberta Hospital, Edmonton; Sec. Vice-Pres., Sister M. Beatrice, St. Michael's Hospital, Lethbridge; Sec. Treas. & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss B. A. Beattie, Provincial Mental Hospital, Ponoka, Miss G. Bamforth, Miss H. M. Garfield, Miss A. J. Carlson; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; *Public Health*, Miss Helen M. Garfield, 713-3rd St. E., Calgary; *General Nursing*, Miss Annie J. Carlson, 112-10th Ave. N. W., Calgary; *Rep. to The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tamblin, Provincial Mental Hospital, Ponoka; *Representative to The Canadian Nurse*, Miss Nessa Leckie.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Chairman, Miss C. E. Mary Rowles, Medicine Hat General Hospital; Vice-Chairman, Miss M. Hagerman, Y.W.C.A., Medicine Hat; Secretary-Treasurer, Miss M. M. Webster, 558 Fourth Street, Medicine Hat; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Pawcett.

### Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V. Leadlay; *Committee Conveners*: *Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps. to: Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

### Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostulk; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

Pres., Miss M. Duffield, 1675-10th Ave. W., Vancouver; First Vice-Pres., Miss M. E. Kerr; Sec. Vice-Pres., Miss G. M. Fairley; Sec., Miss

P. Capelle, Rm. 715, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 715, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections*: *Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St. Vancouver; *General Nursing*, Mrs. E. B. Thomson, 1095 W. 14th Ave., Vancouver; *Press*, Miss M. E. Macdonell, 2570 Spruce St., Vancouver.

## MANITOBA

### Manitoba Association of Registered Nurses

President, Miss A. McKee, V.O.N., Medical Arts Bldg., Winnipeg; First Vice-Pres., Miss E. McNally, General Hospital, Brandon; Sec. Vice-Pres., Miss I. McDiarmid, 863 Langside St., Winnipeg; Hon. Sec., Mrs. H. Copeland, Misericordia Hospital, Winnipeg; *Members of Board*: Major P. Payton, Grace Hospital, Winnipeg; Miss W. Grice, St. Boniface Out-Patient Dept.; Rev. Sister Breux, St. Boniface Hospital; Miss L. Stewart, 168 Chestnut St., Winnipeg; Miss H. Coram, 173 Chestnut St., Winnipeg; Miss P. Hart, Melita; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; *Conveners of Sections*: *Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *General Nursing*, Miss C. Bourgeault, St. Boniface Hospital; *Public Health*, Miss F. King, Ste. 1, Greysolon Apts., Winnipeg; *Committee Conveners*: *Instructors Group*, Mrs. Copeland, Misericordia Hospital, Winnipeg; *Social*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Visiting*, Miss J. Stohart, 320 Sherbrooke St., Winnipeg; *Membership*, Miss A. Danilevitch, St. Boniface Out-Patient Dept.; *Nightingale Memorial Fund*, Miss Z. Beattie, St. Boniface Hospital; *Representatives to: Council of Social Agencies*, Miss F. Robertson, 753 Wolseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin, Bureau of Child Hygiene, Aberdeen Ave., Winnipeg; *The Canadian Nurse*, To be appointed; *Local Council of Women*, Mrs. A. L. Wheeler, Ste. 1, 221 Wellington Cres.; *Red Cross War Council*, Miss I. Broadfoot, 28 Anvers Apts., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., Miss L. Bartsch; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss D. Parsons, Fredericton; Sister Anne de Parede, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Pollis, M. McCullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec. Treas.-Registrar, Miss Alma Law, Health Centre, Saint John; *Conveners of Sections*: *Hospital & School of Nursing*, Miss M. Myers; *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *Instruction*, Miss Boyd, St. Stephen; *The Canadian Nurse*, Miss H. Cahill.

## NOVA SCOTIA

### Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Windsor Jet.; Sec. Vice-Pres., Miss J. Watkins, 68 Henry St., Halifax; Third Vice-Pres., Miss A. E. Fenton, Dalhousie P. H. Clinic, Halifax; Rec. Sec., Mrs. C. W. Bennett, 98 Edward St., Halifax; Registrar-Treasurer-Corresponding Secre-



ry, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; Rep. to *The Canadian Nurse*, Miss Flora Anderson, General Hospital, Glace Bay.

## ONTARIO

### Registered Nurses Association of Ontario

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#### Districts 2 and 3

Chairman, Miss Mary F. Bliss; First Vice-Chairman, Mrs. K. Cowie; Second Vice-Chairman, Miss Olive Waterman; Secretary-Treasurer, Miss Hilda D. Muir, Brantford General Hospital; *Councillors*: Misses E. Eby, F. McKenzie, G. Westbrook, M. Grieve, C. Atwood, L. Trusdale.

#### District 4

Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; *Councillors*: Sister Mary Grace, Misses Brewster, Cameron, Wright, Mrs. Day, N/S Boyd; *Conveners: Hospital & School of Nursing*, Sr. Eileen; *Public Health*, Miss H. Snedden; *General Nursing*, Miss S. Murray; *Emergency Nursing*, Mrs. A. Haygarth.

#### District 5

Chairman, Miss K. McNamara; First Vice-Chairman, Miss P. Morrison; Sec.-Treas., Mrs. G. L. Williamson, 24 Drake Cres., Scarboro Bluffs; *Councillors*: Misses I. Weirs, G. Jones, J. Mitchell, E. Grant, R. Russell, A. Reddon; *Committee Conveners: General Nursing*, Miss M. Hughes; *Public Health*, Miss L. Pettigrew; *Hospital & School of Nursing*, Miss B. MacPhedran.

#### District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss E. Covert; Third Vice-Chairman, Miss E. Wright; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Conveners: Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Mrs. E. Brackenridge; *Public Health*, Miss H. McGeary; *Membership*, Miss N. Brown; *Enrolment*, Miss E. Meeks; *Finance*, Miss F. Fitzgerald.

#### District 7

Chairman, Miss M. Crawford; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, Hanna, E. Moffatt, Gavan, Rev. Sr. Donovan; *Conveners: Hospital &*

*School of Nursing*, Miss L. Acton; *General Nursing*, Miss E. MacLean; *Public Health*, Miss D. Storms; Rep. to *The Canadian Nurse*, Miss B. Coulter.

#### District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Miss J. Stock, 390 Chapel St., Ottawa; *Councillors*: Misses I. Allen, L. Brulé, W. Cooke, V. Foran, M. Lowry, H. O'Meara; *Conveners: Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *Public Health*, Miss C. Livingston; *General Nursing*, Miss F. Nevins; *Pembroke Chapter*, Mrs. B. Kipke; *Cornwall Chapter*, Miss M. McWhinnie; Rep. to *The Canadian Nurse*, Miss H. Tanner.

#### District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

#### District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss Alice Hunter; Sec.-Treas., Miss Dorothy Chedister, General Hospital, Port Arthur; *Councillors*: Miss J. Hogarth, Miss V. Lovelace, Miss J. Berry; *Committee Conveners: Hospital & School of Nursing*, Miss L. Horwood; *General Nursing*, Miss I. Morrison; *Public Health*, Miss Q. Donaldson.

## PRINCE EDWARD ISLAND

### Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

## QUEBEC

### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Mlles Roy, Trudel, Giroux; *Advisory Board*: Misses Jean S. Wilson, Margaret L. Moag, Catherine M. Ferguson, Marion Lindeburgh, Mlles Anysie Deland, Maria Beaumier, Edna Lynch; *Conveners of Sections: General Nursing (English)*, To be appointed; *General Nursing (French)*, Mlle Anne-Marie Robert, 5484-A rue St. Denis, Montreal; *Hospital and School of Nursing (English)*, Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing (French)*, Rév. Soeur Mance Décar, Hôpital Notre-Dame, Montréal; *Public Health (English)*, Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health (French)*, Mlle Annonciade Martineau, 1034 rue St. Denis, Apt. 6, Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. MacKenzie, Madeleine Flander, Mlles Alexina Marchessault, Anysie Deland, Suzanne Giroux; Exe-

cutive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

### SASKATCHEWAN

#### Saskatchewan Registered Nurses Association (Incorporated 1917)

President, Miss M. Diederichs, Regina Grey Nuns Hospital; First Vice-President, Miss M. Ingham, Moose Jaw General Hospital; Second Vice-President, Miss E. Pearston, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Miss M. Pierce, Wolseley; *Chairmen of Sections*: *General Nursing*, Miss R. Wozny, 2216 Smith St., Regina; *Hospital & School of*

*Nursing*, Miss A. F. Lawrie, Regina General Hospital; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; *Secretary-Treasurer, Registrar and Advisor, Schools for Nurses*, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

#### Regina Registered Nurses Association

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## Alumnae Associations

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#### A.A., Holy Cross Hospital, Calgary

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#### A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Sr. M. O'Grady, Sr. F. Neuhausel; Pres., Miss E. Bietsch; First Vice-Pres., Mrs. R. Price; Corr. Sec., Miss J. Slavik, E.G.H.; Rec. Sec., Miss A. Stochinski; Treas., Miss E. Wallsmith; *Private Duty*, Miss M. Hozak; *Visiting Committee*: Misses Nelson, Deschatelets; *Standing Committee*: Misses Kuntz, Beaton, Barden, Ryan, Mrs. Lowing.

#### A.A., Royal Alexandra Hospital, Edmonton

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#### A.A., University of Alberta Hospital, Edmonton

Honorary President, Miss Helen S. Peters; President, Mrs. D. Payment; Vice-President, Miss S. Greene; Recording Secretary, Mrs. A. Ward; Corresponding Secretary, Mrs. S. Graham, 10448-126th Street; Treasurer, Miss D. Wright; *Executive Committee*: Mrs. W. Slean, Miss K. Chapman, Miss B. Fine, Miss D. Haycock.

#### A.A., Lamont Public Hospital, Lamont

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Park, Lamont; *News Editor*, Mrs. Peterson, Hardisty; *Convener, Social Committee*, Miss C. Stewart.

#### A.A., Vegreville General Hospital, Vegreville

Hon. President, Sister Anna Keohane; Hon. Vice-President, Sister J. Boisseau; President, Mrs. Stanley Walker, Vegreville; Vice-President, Mrs. Rennie Landry, Vegreville; Secretary-Treasurer, Miss Annie Asklin, Box 213, Vegreville; *Visiting Committee* (chosen monthly).

### BRITISH COLUMBIA

#### A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Philippe; Hon. Vice-Pres., Rev. Sr. M. Columbkille; Pres., Miss J. Mitchell; Vice-Pres., Mrs. F. Engby; Sec., Miss B. Falk, 8776-88 Ave. W; Treas., Miss E. Atterbine; Registrar, Miss Stewart; *Committee Conveners*: *Social*, Miss Walters; *Program*, Miss M. Bell; *Visiting*, Miss McCauley; *Mutual Benefit*, Miss McGee; *Press*, Miss N. Johnson; *Rep. to The Canadian Nurse*, Miss C. Bryant.

#### A.A., Vancouver General Hospital, Vancouver

Hon. Pres., Miss G. Fairley; Pres., Miss F. Innes; First Vice-Pres., Miss L. Creelman; Sec. Vice-Pres., Mrs. A. Grundy; Rec. Sec., Miss N. Cunningham; Corr. Sec., Miss L. Lore, 1589 E. Broadway; Treas., Mrs. F. L. Faulkner; *Committee Conveners*: *Mutual Benefit*, Miss M. Edwards; *Visiting*, Mrs. M. Appleby; *Social*, Mrs. G. E. Gillies; *Membership*, Miss W. Neen; *Refreshment*, Miss S. McDiarmid; *Program*, Mrs. R. Stevens; *Rep. to Press*, Miss M. McDonnell.

#### A.A., Royal Jubilee Hospital, Victoria

President, Mrs. D. J. Hunter; First Vice-Pres., Mrs. D. MacLoud; Sec. Vice-Pres., Miss R. Kirkendale; Sec., Mrs. J. A. McCague, 1046 View St. W., No. 6; Assist. Sec. Miss M. Bawden; Treas., Mrs. Jack Boorman, 2957 Foul Bay Rd.; *Committee Conveners*: *Visiting*, Mrs. F. Hall; *Membership*, Mrs. J. Boorman; *Rep. to Press*, Miss D. Van.

#### A.A., St. Joseph's Hospital, Victoria

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## MANITOBA

## A.A., St. Boniface Hospital, St. Boniface

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Mrs. W. Crosby; Pres., Mrs. W. McElheran; First Vice-Pres., Miss S. Wright; Sec. Vice-Pres., Miss W. Grice; Rec. Sec., Miss H. Fairbairn; Corr. Sec., Miss D. Webster, 184 River Ave., Winnipeg; Treas., Miss H. Oliver; Archivist, Miss Margason; *Advisory Committee*: Miss MacCallum, Mmes McElheran, Greville, Groelle, L'Eucyer, Rev. Sr. Superior; *Conveners*: Visiting, Miss Johnson; *Social & Program*, Miss Rungay; *Membership*, Miss Vandecar; *Reps. to The Canadian Nurse*, Miss Watson; *M.A.R.N.*, Miss Troendle; *Man. Directory*, Mrs. Shinmowski; *Local Council of Women*, Mrs. Shankman.

## A.A., Children's Hospital, Winnipeg

Pres., Mrs. W. Stewart; First Vice-Pres., Miss M. Perley; Rec. Sec., Miss E. Hyndman; Corr. Sec., Miss E. Young, 91 Home St.; Treas., Miss B. Thain, 21 Stratford Hall; *Conveners*: *Program*, Miss M. Smith; *Ways & Means*, Mrs. H. Moore; *Visiting & Red Cross*, Mrs. Campbell; *Membership*, Miss R. Hutton; *News Editor*, Mrs. G. Jack.

## A.A., Winnipeg General Hospital, Winnipeg

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## A.A., Saint John General Hospital, Saint John

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## A.A., Glace Bay General Hospital, Glace Bay

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## A.A., Brockville General Hospital, Brockville

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## QUEBEC

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VOLUME 38  
NUMBER 7

JULY  
1942

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- (1) 1934, U.S. Pub. Health Reports 49, 754.  
1939, J. Nutrition 17, 269.  
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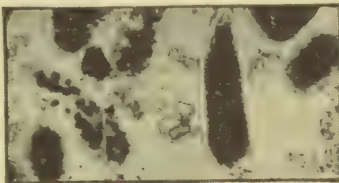
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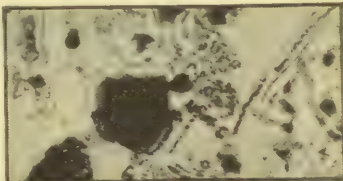
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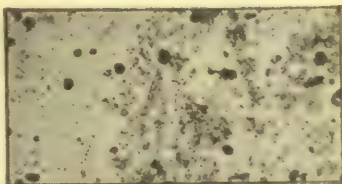
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## CONTENTS FOR JULY, 1942

PSYCHONEUROSIS IN TIME OF WAR	-	-	-	-	-	-	-	463
DEFUNCTIONING TRANSVERSE COLON COLOSTOMY	-	-	-	-	-	-	<i>H. Bradley</i>	468
A WELL MERITED HONOUR	-	-	-	-	-	-	-	471
THE NEW MATRON-IN-CHIEF OVERSEAS	-	-	-	-	-	-	-	472
NEWS FROM SOUTH AFRICA	-	-	-	-	-	-	-	473
NOTES FROM THE NATIONAL OFFICE	-	-	-	-	-	-	-	475
POST-OPERATIVE CARE OF CLEFT PALATE	-	-	-	-	-	-	<i>L. Destromp</i>	477
SPEECH CORRECTION FOR CLEFT PALATE PATIENTS	-	-	-	-	-	-	<i>M. W. Huber</i>	479
FIGHTING TUBERCULOSIS	-	-	-	-	-	-	<i>D. R. Jones</i>	483
A REGISTRY FOR DOCTORS AND NURSES	-	-	-	-	-	-	<i>F. W. Rosher, M.D.</i>	485
THE PRACTICAL NURSE AND THE REGISTRY	-	-	-	-	-	-	<i>M. Emmerton</i>	486
A DAY'S WORK IN NEWFOUNDLAND	-	-	-	-	-	-	<i>C. A. S. Abernethy</i>	487
LETTERS FROM SWEDEN	-	-	-	-	-	-	<i>E. Lyster</i>	488
A STORY OF PROGRESS — 1917-1942	-	-	-	-	-	-	<i>R. S. Christilaw</i>	491
A GOOD PLACE TO LEARN	-	-	-	-	-	-	<i>D. Fowler</i>	493
SERVICE ON THE HOME FRONT	-	-	-	-	-	-	-	495
THE MCGILL SCHOOL FOR GRADUATE NURSES	-	-	-	-	-	-	-	496
THE A. R. N. P. Q. ANNUAL MEETING	-	-	-	-	-	-	<i>E. F. Upton</i>	498
INSTITUTE FOR PUBLIC HEALTH WORKERS	-	-	-	-	-	-	<i>H. Kilpatrick</i>	499
NEWS NOTES	-	-	-	-	-	-	-	500

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459

## Reader's Guide

In his capacity as psychiatrist to the Royal Air Force, **Dr. Robert Dick Gillespie** recently delivered a remarkable address before the New York Academy of Medicine. The *Journal* is indebted to the Salmon Committee on Psychiatry and Mental Hygiene for permission to reprint an abridged version of this masterly analysis of psychoneurosis in time of war.

---

The care of patients who have undergone colostomy constitutes a challenge to the ingenuity and skill of the nurse. **Hester Bradley** presents a careful and eminently practical study of the principles and methods which will ensure the safety and comfort of the patient. Miss Bradley is a member of the Private Pavilion operating room staff in the Toronto General Hospital. She is also a member of the staff nurses committee which in recent issues have made such outstanding contributions to the *Journal*.

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When the Hospital and School of Nursing Section undertook to sponsor a special page in the *Journal*, its members were afraid that they might not be able to secure even one article for each issue. It turned out that their fears were not justified and by way of proof the Section presents a symposium on the post-operative care of cleft palate in which a nurse, a speech pathologist and a physiotherapist are represented. The author of the article on nursing care is **Louise Destromp**, a member of the graduate staff of the Children's Memorial Hospital, Montreal, who has had much experience with these patients. Until recently **Mary W. Huber** was speech pathologist to the Children's Memorial Hospital and to the Montreal General Hospital. Her excellent presentation of the underlying principles of speech correction will be most helpful to nurses. The important part played by the physiotherapist is outlined by **Margaret G. Finley** who is a member of the staff of the physiotherapy department at the Children's Memorial Hospital.

A continuing fight against tuberculosis must be consistently carried on if this ancient enemy of mankind is to be overcome. **Dorothy Jones** tells us many interesting things about the work of the Saint John Tuberculosis Clinic. Miss Jones is herself a member of the nursing staff of the Clinic.

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Owing to the demands made upon our restricted space by the Biennial Meeting of the Canadian Nurses Association, we were obliged to interrupt the interesting series of letters from Sweden written by **Elizabeth Lyster**. However here is another and particularly intriguing instalment.

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The importance of a well conducted central registry in the field of private duty nursing cannot be overestimated. Nor is its usefulness confined to nurses. **Dr. F. W. Rosher** tells us how well it serves the medical profession of Saskatoon and **Mildred Emmerton** has a word to say from the point of view of practical nurse registrants. Miss Emmerton is herself a practical nurse and registers for duty with the Central Registry in London, Ontario.

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Nursing in Newfoundland may be difficult but it is never dull. **Mrs. C. A. S. Abernethy** tells a vivid story of just what happened in the course of the day's work.

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Don't forget to glance over the reports of the annual meetings of the Provincial Registered Nurses Associations in Saskatchewan and Quebec. They reflect the splendid progress which is being made in both provinces. Under the caption of "Service on the Home Front" you will also find a letter which the Registered Nurses Association of British Columbia has recently addressed to its members and which is well worth reading.



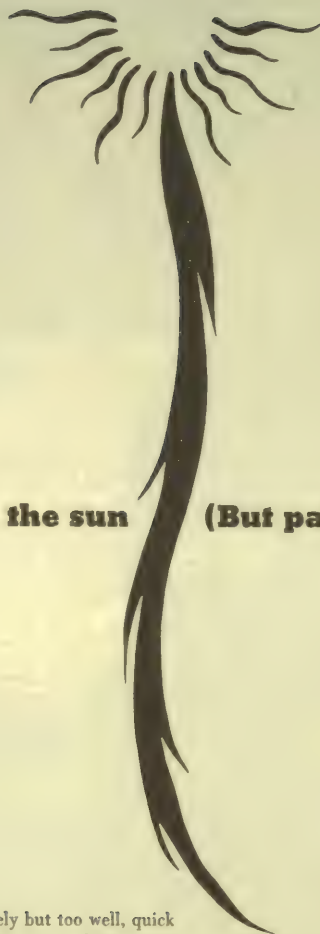




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# The CANADIAN NURSE

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## Psychoneurosis in Time of War

Dr. Robert Dick Gillespie, psychiatrist to the Royal Air Force, recently made a remarkable address before the New York Academy of Medicine in which he said that there are remarkably few cases of psychoneuroses among the members of the Royal Air Force. This is largely due to the extreme care which is used in selecting them. Only the mentally and emotionally stable get past the weeding-out process.

Moreover, everyone who flies for the R.A.F. has the professional attitude toward his work, whether he is a pilot or an air gunner, a mechanic or a rigger. His patriotic devotion is reinforced by his pride in his particular technique and his devotion to his job. As an illustration of the rarity of psychoneuroses among the R.A.F., Dr. Gillespie pointed out that a hospital specially built for the care of psychoneurotic victims had to be closed down after a few months and directed to other purposes because there were not enough patients to keep

it going. One reason why there are fewer neurotics in this war than in the last is the greater importance which is attached to the individual. Even among the infantry today, a man tends to be more and more a technician and less of a foot slogger. Another class among which psychoneuroses are virtually unknown is the medical profession. Dr. Gillespie attributed this phenomenon to the fact that doctors also have a professional attitude toward their work because they have a great responsibility to others and have had a realistic education.

Surprisingly enough the war has given birth to two institutions which are highly successful as a preventive of psychoneuroses. Shelter life, with its common sharing of danger, has helped people to withstand peril better than isolation in small groups, which often contributes to the development of psychoneuroses. The feeling of being with others during an air raid, even in an insecure shelter, brings courage. Shelter

life and community centers fill a need for companionship and entertainment which were hitherto unmet. In large cities, before the war, there was the paradox of want amid plenty, social want in the midst of social possibilities. Now we find persons returning from safe areas to the shelters in large cities declaring "I'd rather be bombed than bored".

One of the most significant symptoms of psychoneuroses is the apathy noted in the battle-worn soldier as well as in those whose homes have been destroyed and whose lives are completely disorganized. This apathy is a modern equivalent of the passive acceptance or lethargic state known in the Middle Ages as "accidie". Psychiatry has tended to overlook its existence because the symptoms are negative rather than positive and it is usually the result of the continual thwarting of simple desires; in the case of the soldier, the repeated thwarting of the instinct of self-preservation; in the case of the civilian, the thwarting of the desire for activity.

Activity of some sort is a necessary condition of happiness and for many people a necessary preventive of psychoneurotic or anti-social behaviour. It is important for psychiatrists to recognize the apathy or restlessness which may precede psychoneuroses or anti-social acts. In wartime, this apathy often precedes symptoms of psychoneuroses among soldiers and fliers. Or else the continual thwarting of the desire for activity produces restlessness and irritability followed by rebellion. "The organism that is not active is half-way to death", Dr. Gillespie reminded his listeners. "After the war we may expect either a dangerous restlessness or an equally dangerous apathy unless we are as energetic in organizing peace as we have been in organizing war." It is possible that if psychiatrists had extended

their observations, they might have been more useful in warning politicians of the threat to civilization contained in the thwarting of the activity instinct in such large sections of the world's population, leading in one country and at one time to the symptoms of apathy and later to delinquency on an international scale.

Dr. Gillespie considers the economic background of the individual to be a major influence in the development of psychoneuroses. In the poorest families there are the smallest number of psychoneurotic cases. If the psychological conditions in the home are good, even extreme poverty leaves children unaffected. Much more important than money in preventing the development of future psychoneuroses in children is the cultural or family background. Emotional security is the central need of children in a family. Parental rejection of children is as potent a cause of neurosis as divagations of the libido.

Contrary to expectations, it has been found in London that several families, consisting of evacuated mothers with their children, can live harmoniously in one house. The anticipated crises don't arise. This method works out much better for the children than when they are placed in the care of women of other than their mothers, no matter how complete is the care these women give them. Among children delinquency is often the opposite of psychoneuroses. In many cases, if a child had not been delinquent, it would have become neurotic.

It is only when psychiatrists reach the middle-class competitive society in their observations, that they find psychoneuroses becoming much more numerous, since competition seems to breed the desire for power, and this desire when unsatisfied breeds the beginnings of psychoneuroses. Dr. Gillespie blamed



this destructive desire for power on the values inculcated by the more expensive types of education, which do not protect students from neuroses. The values from the cheapest forms of education he called inadequate. The poorest people lack pivotal or fundamental values and have instead superficial interests which are dictated largely by the cheaper newspapers.

Significant findings on the relation of unemployment to psychoneuroses have been made and psychiatrists have concluded that unemployment is less likely to produce psychoneuroses in men than in their wives, who are more inclined to develop anxiety neurosis from financial worry than men. Women, however, do not seem to crave employment for its own sake, since studies show that women who are employed outside the home are less happy and contented than women who are living and working at home.

An outstanding phenomenon has been the ability of the English civilian population to withstand constant air bombardment, loss of home, and disruption of their daily routine without suffering appreciable psychological damage. Not only have the store-keepers of London and elsewhere done business as usual, but studies have indicated that there were actually fewer days lost by salespeople and other workers in bombed areas during the period of the "blitz" than in normal times. He cited figures showing that in 17 stores in the London area while there were 687 days lost by employees in 1939 and during a period of heavy bombardment in 1940-41 for a comparable period there were only 673 days lost. In the east Anglian area a similar condition was found with absenteeism being reduced from 4.1 days per employee to 3.1 per employee during the period of heaviest attack. In general, the decrease in absenteeism in

the aggregate and per person employed is marked. Over this whole area it decreased by one day per person taking the area as a whole. The only month in which there was an absolute increase was in July before the bad air raids started but at a time when there were a good many night alerts and the girls were tired by staying up through the whole period of the alert.

One of the most striking things about the effects of the war on the civilian population has been the relative rarity of pathological mental disturbances among the civilians exposed to air raids. Guy's Hospital is situated in the middle of one of the most frequently bombed areas of London; and in the midst of a large population area of the poorer classes. Yet the psychiatric outpatient department, which still functions there, records very few cases of neuroses attributable to war conditions. The patients who do come, with few exceptions, present mainly the same problems as in peace time.

As regards any significant sex difference in the development of psychological reactions to bombing the difference seems to be in favour of women rather than men among the civilians. Children, generally speaking, take their pattern of behaviour from the adults and, if a brave demeanour was shown, children automatically followed suit. However, with children as with adults, more important than fear of death or destruction is the importance of satisfying their everyday needs. It is not the physical danger or the prospect of it that matters most. The outstanding lesson learned, not without surprise, during recent experience, is that war or no war the pressing needs of parents with problem children cannot be ignored. Increasing demands for help coming from parents during recent weeks indicate that anxiety regarding their

children's day to day difficulties take precedence even in these times over the remoter fear of death and destruction. Behaviour problems arising in children are usually caused by environmental or domestic situations, as in peace time, and can rarely be traced directly to the impact of the war itself, although there were several instances where a behaviour problem was aggravated by a fear of air raids. In many instances the absence of one or both parents, in the service of munitions played an important role. Children are remarkably unaffected by fear of air raids and this is undoubtedly connected with behaviour of the adults around them. It is recorded for example, that in a children's ward of a general hospital, nurses set an example of cool courage by carrying little patients to shelter, and sitting up with them all night. None of the children whimpered and some fell asleep in the middle of the bombardment. Some of them indulge in games representing an air raid and may work off whatever anxiety they have in this way. Several children have suffered from "siren fright", that is from symptoms associated with the sound of sirens; but these particular cases occurred in children who had not actually been subjected to bombing itself, and who had previously shown some evidence of psychoneurotic tendencies.

When psychological trauma is suffered during an air raid it may assume any one of a variety of forms, the most immediate being acute panic or some confusion and loss of memory for what has actually happened, particularly if the individual has left his post of duty. Acute panic occurs, however, only in the predisposed, especially the habitually timid and anxious. The second type of immediate reaction to bombing is the immobility or passive reaction. For example, a young married woman who

had always been timid and shy, and inclined to tremble in talking to strangers, heard the warning siren and made for a shelter; some bombs dropped before she reached it, and she hesitated before entering, and then apparently became unconscious. On recovering in the hospital, she said she had lost the use of her legs. A third type of immediate reaction consists in direct bodily manifestations of fear, tremor, dilated pupils and staring eyes.

In addition to the psychological reactions observed at the immediate scene of the bombing, there are frequently remote reactions which develop after a period of time. Dr. Gillespie cited the case of a young woman who had been in a building which had been smashed in a bomb raid and showed hysterical aphonia for a week afterward. The reason for this reaction was because her mouth became filled with brick dust immediately after the explosion and she had found difficulty in speaking. All such conditions occur as a rule only in the predisposed but exceptions to this rule are found among those who have undergone even more than usually terrifying ordeals.

More spectacular and unexpected than any of these reactions was the frequency with which individuals whose entire life had previously been characterized by timidity, shyness, or other psychoneurotic manifestations were transformed into outstandingly courageous and self-sacrificing persons. Typical of this group was a 24 year old dental mechanic who for four years had been suffering from depression and a timid personality. He dated his condition of "nerves" to an air raid during the last war when he was four years old. He was very small in stature and had always been self-conscious about his size. He had found the greatest difficulty in making an impression anywhere on



anyone. Unsuccessful attempts to learn dancing, and other social failures, aggravated his depression. He dreaded to face work with casualties. He was considered unfit for the fighting services and was finally assigned to A.R.P. work. Anyone who saw him would have marked him as a miserable little shrimp and no future hero — but he became very successful as an A.R.P. warden. He had at least three remarkable escapes, and received a bomb splinter in one hand. He remarked that in critical moments "girls turn to me", and said that he liked to see the planes coming: "It is my quickness", he said, "against theirs." In 1940, he was bombed out of his home; his mother and father were cut up and shocked. Following this he was bombed again twice, and found that his new abode had also been destroyed. After a week's leave he went back to duty and when last heard of was in full activity, and rather aggressively critical about conditions in shelters. It is clear that he has found an opportunity which completely relieves his sense of failure and inferiority. Some of these so-called neurotic individuals show no signs of neurosis and are efficient and courageous during a bombing but develop acute signs of anxiety only when released from duty and posted to a quiet place.

Dr. Gillespie stressed the fact that keeping people busy and occupied was one of the best ways of preventing mental breakdown after facing tragedy or other terrifying experiences, thus avoiding a period of rumination which may precede a remote psychological reaction. In one survey of 119 persons in a bombed area, it was not until two or three weeks after the actual bombing that 30 percent complained of symptoms of one sort or another, usually of bodily distress but without evidence of physical disease. This observation empha-

sizes the importance of occupation in the prevention of psychoneurotic after-effects. It was only after the individuals concerned had finished rearranging themselves and their affairs and had time to sit down and consider the situation that the symptoms appeared. It is disorganization rather than fright that is the causal factor here.

Although the removal of many of the outlets that ordinarily exist in a city plays a considerable part in sending up the juvenile delinquency, those who moved to the country find new interests and probably better ones than they ever did in town. One group of boys evacuated from London to the country have actually lost their interest in cricket to a large extent and become enthusiastic about hay making and work on the farm as well as other country pursuits. It is an interesting object lesson for the future use of the energy of the young and also suggests possible lines of re-orientation of their values.

A general survey of evacuee children indicated that there had been no great increase in psychological disturbances and that the majority of those who exhibited them had presented problems before the war. Analysis of a group of children who had evidenced behaviour problems after evacuation indicated that in 10 percent of the cases the new foster home was unsuitable, in 19 percent the parents of the child either because of ignorance or selfishness were the disturbing factor and in the remainder, the difficulty was caused by some personality or intellectual difficulty such as feeble-mindedness, physical defect or bad behaviour patterns which pre-existed. Disorganization of the child's regular routine is the most devastating factor of all and seems to have occurred as frequently in children who had not been evacuated but whose school hours had been curtailed and whose recreational

clubs are no longer open.

The most successful placements of evacuee children are working class homes where the evacuee "lumps in" with the rest. These women show a patience with the problem children which is often lacking in big houses. With richer people, the only successful way is to have a group of five or six children with a helper. Otherwise the child is apt to fall between the owners and the maids, none of whom feel themselves fully responsible.

In conclusion, Dr. Gillespie said that British authorities were readapting themselves to facts as they became

known and were aware that the re-establishment of homes after bombings was as important as hospital treatment. Problems arising out of the evacuation of children are being studied and more attention is now being given to the need of being certain that the home and the child are mutually adaptable. Psychoneurotic reactions following exposure to danger are much less frequent than was to be expected and apparently are no greater hazard to the individual than the disorganization of life which comes as a result of physical conditions in a bombed area, or of evacuation to strange districts, where habit patterns are suddenly uprooted.

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## Defunctioning Transverse Colon Colostomy

HESTER BRADLEY

In the past, the mortality from cancer of the colon has been very high; the factors responsible are the presence of obstruction, the presence of feces in the bowel, and inflammatory reaction about the lesion in the bowel. In order to make the operation safer, surgeons have for years attempted to decompress the bowel and thus relieve the obstruction and, at the same time, defunction the bowel and so get rid of the feces it normally contains and allow the inflammatory reaction to subside. Twenty-five years ago, Sir Harold Stile of Edinburgh suggested doing a preliminary caecostomy. In this operation the caecum is brought out through an incision in the abdominal wall and an opening is made into the caecum to allow the bowel to empty itself. This very often saves life but only achieves partial success as it simply decompresses the

bowel and does not defunction it. Twelve years ago, Dr. David Cheever of Boston advocated doing a simple colostomy of the transverse colon called a rod colostomy. This operation never became very popular as it failed to defunction the bowel completely and was very hard to close.

In 1937, Sir Hugh Devine, a senior surgeon in Melbourne, Australia, suggested a special type colostomy of the transverse colon which is now called after him. He brought the ends of the cut transverse colon out through the muscle with a bridge of skin between. Dr. Roscoe Graham, of the Toronto General Hospital, uses the same method without the skin bridge. Both these operations are defunctioning colostomies and completely defunction the part of the colon which is going to be operated upon later. Thus the future field of operation



may be washed clean of all fecal content and allowed to rest and recuperate to some extent. When the surgeon finally comes to operate upon the diseased part he is operating in a clean field, comparatively free of bacteria, and in which the tone of the bowel wall is fairly good. Furthermore, following the operation the anastomosis in the colon is allowed to heal under these favourable conditions.

In addition to cancer, there is another disease of the colon—diverticulitis and its complications—which brings the patient to operation, and here again the defunctioning colostomy is extremely useful. It allows the inflammatory reaction to subside and so makes for safer surgery. So we see that there are two diseases of the colon, cancer and diverticulitis, in which the defunctioning colostomy is particularly valuable as a preliminary operation.

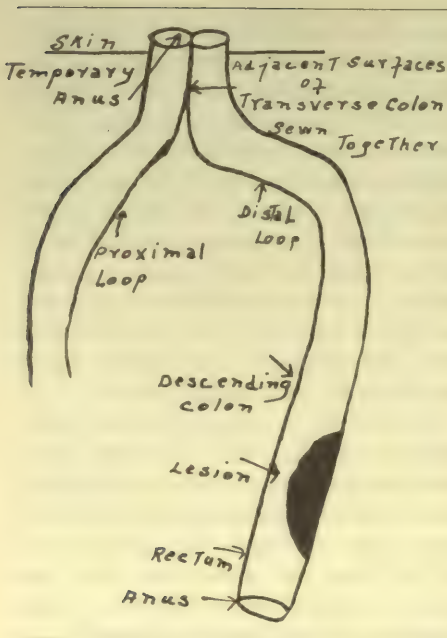
After the doctor has completed the defunctioning colostomy, the nurse has an important task to perform before the patient is ready for the next stage of the operation which is the resection of the part of the bowel containing the lesion. In order to fulfill the task properly the nurse must be familiar with the structure of the colostomy. The colostomy is situated high in the abdominal wall to the right of the midline; the transverse colon is completely cut across so that the feces cannot possibly pass into the distal loop; the adjacent surfaces of the two loops are sewn together for a distance of three or four inches; the colostomy is quite a distance from the site of the lesion.

The patient is admitted to the hospital a few days prior to operation and immediately placed on a low residue diet. An attempt is made to empty the large bowel by saline catharsis and soapsuds enema daily. The day before the operation the patient is given clear fluids only and no cathartic; the same after-

noon, the bowel is cleansed with soapsuds enema until return is clear. When the patient returns from the operating room, where the defunctioning colostomy has been established, the ends of the two loops of the bowel are each closed by a kocher forcep. The doctor orders a sedative to keep the patient comfortable and probably an intravenous of normal saline. Clear fluids only (no fruit juices) are given until the forcep is removed from the proximal loop which forms the colostomy or artificial anus.

The forcep is removed by the doctor from the proximal loop 24 to 48 hours after operation according to the degree of the patient's discomfort. In 60 to 70 hours after operation the forcep is removed from the distal loop; this procedure is usually left to the nurse to do. Irrigation of the loops is started after the distal forcep has been removed. The purpose of these irrigations is to establish a working colostomy in the proximal loop and to empty and cleanse the distal loop in which the lesion is found. For the first two or three days both loops are irrigated with normal saline in the morning. A soft rectal tube is used for the proximal loop, and for the distal loop a soft rubber catheter (number 24). It is important that both these tubes be soft lest the bowel be damaged or perforated. After two or three days of normal saline irrigation of the proximal loop, a switch is made to soapsuds enema irrigation. The amount of soapsuds used will, of course, vary with each patient but sufficient should be given to cause a definite feeling of discomfort and to obtain a good bowel movement. In a few days the colostomy is usually working well and a few ounces may be sufficient to bring about a satisfactory bowel movement.

When irrigating the distal loop, a no. 22 Freyer's tube is first inserted into the rectum. The patient is then placed



on a bed pan and made as comfortable as possible. A soft rubber no. 24 catheter is inserted into the distal loop and irrigation begun with normal saline. The normal saline may not run through into the bed pan because of the degree of obstruction present. If this is the case, the patient is turned on the left side and a normal saline enema given per rectum. In other words, the bowel is irrigated above and below the lesion and obstruction. If it is necessary to give normal saline irrigation per rectum, it is usually too tiring to the patient to give it every day; every other day has been found sufficient. Instillation of hydrogen peroxide (strength of one in eight) into the distal loop helps to clean the hard pieces of feces out of the loop. If this is not effectual, three ounces of glycerine instilled after irrigation is very helpful to soften any impacted feces. This routine is carried out until normal saline goes readily through the distal loop into the bed pan. At the end

of ten days the patients are often allowed up, and this avoids the weakness which so often follows prolonged rest in bed. If able to do so, the patient can sit on the toilet to have the distal irrigation done.

During this period, patients are sometimes allowed to go home and there carry out this routine and return in ten days or eleven days for the resection of the tumour. The length of preparation is varied according to the degree of obstruction. In the case of carcinoma with moderate obstruction, 10 to 21 days are usually required to relieve the oedema about the growth. The day prior to the resection, the proximal loop is irrigated as usual in the morning; the distal loop is irrigated in the morning and in the afternoon. Four ounces of aqueous acriflavine, (one in a thousand) is instilled into the distal loop after the last irrigation. The patient is given clear fluids only, and paregoric or tincture of camphor compound at six p.m., eight p.m. and ten p.m. The morning of operation, an intravenous of normal saline is started preparatory to giving a blood transfusion during or after operation as required. A permanent catheter is inserted into the bladder and a Freyer's tube (no. 22) is inserted into the rectum under aseptic conditions. Pre-operative sedative is prescribed by the doctor.

On the patient's return from the operating room the usual post-operative nursing care of a major abdominal operation is followed. The permanent catheter is usually left in for five days and the bladder is irrigated twice daily with some mild antiseptic solution. On the fourth or fifth day, four ounces of oil (liquid paraffin) is instilled into the proximal loop. The next morning the proximal loop is irrigated with normal saline, and again each succeeding morning. On the eighth day, four ounces of



a solution of acriflavine of appropriate strength is instilled into the distal loop. Next morning the distal loop is irrigated with normal saline and the normal saline should go through into the bed pan readily. At the end of three weeks or a month the patient is sent to the x-ray department for examination and a barium enema is given. If the anaestamosis is satisfactory, the defunctioning

colostomy is closed. The day prior to closing, the procedure of irrigation and paregoric is carried out. The patient then goes home in a few days.

I hope this outline has shown to what extent the nurse can co-operate with the doctor in achieving a successful result in operations on the large bowel, particularly with reference to a defunctioning colostomy.

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## A Well Merited Honour

The Nursing Service of the Royal Canadian Army Medical Corps and the Victorian Order of Nurses for Canada will both rejoice in the honour which has recently been conferred upon Major Elizabeth Smellie, C.B.E., by the University of Western Ontario. The official citation, read by Dr. A. J. Slack, Dean of the Faculty of Public Health, is an eloquent tribute which will give pleasure to Major Smellie's colleagues and many friends in Canada and overseas.

*Mr. Chancellor:*

I am instructed by the Senate of the University to request you to admit to the degree of Doctor of Laws, *honoris causa*, Major Elizabeth Lawrie Smellie, C.B.E., Matron-in-Chief of the Nursing Service of the Royal Canadian Army Medical Corps and organizer of the Women's Auxiliary Army Corps.

Major Smellie is, we are proud to say, a daughter of Western Ontario, being born and reared in Port Arthur. Her basic education was obtained in her native city and in Toronto. Upon this sound foundation she built a thorough training in her chosen profession of nursing, first in the great Johns Hopkins School of Nursing, Baltimore, and, subsequently, in graduate courses in Public Health Nursing in Simmons College, Boston. These advanced studies served to

enhance exceptional native talents for nursing and for the assumption of initiative and leadership. The first World War opened a place for the use of her gifts. Enlisting as Nursing Sister for overseas service in the Royal Canadian Army Medical Corps, she soon demonstrated so convincingly her superior ability in organization and administration in the sphere of army nursing that she was advanced rapidly through a series of high executive offices. Her military services were outstanding. She was mentioned in dispatches



ELIZABETH L. SMELLIE

*Photo by Karsh, Ottawa*

in 1916, and in 1917 was awarded the Royal Red Cross, First Class. In 1934 our Sovereign, King George V, appointed her, in recognition of faithful and brilliant service to the Empire, Companion of the Order of the British Empire.

One could recite many more honours and achievements that have adorned Major Smellie's life, but for fear of wounding her modesty I refrain. However, Mr. Chancellor, this must be said. Through its Faculty of Public Health, which is devoted to the training of graduate nurses, our University

is indebted to Major Smellie to a degree difficult to express in words. The debt is twofold: it is due, in part, to direct counsel she has afforded in the past as to the shaping of adequate graduate courses in nursing; it is due in still greater part to the strong, clear guidance she has always ardently and unselfishly given to all endeavours to raise the standards of nursing education and practice throughout Canada. Major Smellie is an ornament to her profession, a great citizen of Canada and the Empire, and an exalted pattern of womanhood.

## The New Matron-in-Chief Overseas

Official announcement has been made of the appointment of Principal Matron Agnes Neill to be Matron-in-Chief of the Overseas Nursing Service of the Royal Canadian Army Medical Corps. Miss Neill is a graduate of the School of nursing of the Toronto General Hospi-

tal and, in 1935, took the postgraduate course offered at Bedford College in London. Upon her return to Canada, she became a member of the training school office staff in the Toronto General Hospital and, in that capacity, gave excellent service as surgical supervisor. Upon the outbreak of the war, she immediately volunteered for military service and shortly afterwards went overseas as Matron of Number 15 Canadian General Hospital. The news of her well deserved promotion has been a great joy to her friends and fellow-workers. Her new task will not only afford ample scope for her marked ability as an administrator but also for the display of the sympathy and tact which are so characteristic of her.

Miss Neill is a woman of many interests. She was the editor of "The Quarterly", a magazine published by the Alumnae Association of the Toronto General Hospital, and is an active member of the "Old Internationals". She has travelled widely and is fond of reading. The nurses of Canada are proud of their new Matron-in-Chief Overseas and wish her all happiness and success.



AGNES NEILL

*Photo by Ashley & Crippen Toronto.*



## News from South Africa

In a letter recently received from Miss Gladys Sharpe, senior matron, South African Military Nursing Service, it is evident that her duties have been many and varied:

Conferences with the Canadians stationed at various hospitals have taken me to Durban, Pietermaritzburg, Ladysmith, Sonderwater and Johannesburg. The opening of a very large Imperial Hospital is to be my responsibility for an indefinite period and I am pleased about this as it will keep my hand in. The privilege of going *North* as Matron of a Hospital Ship has been promised and is appreciated.

Miss Sharpe has kindly permitted the *Journal* to publish Nursing Sister Groenewald's interesting description of the training course for V. A. D. personnel for military hospitals in South Africa. Miss Groenewald is a graduate of the School of Nursing of the Women's College Hospital in Toronto, and of the McGill School for Graduate Nurses, and has had considerable experience in teaching and supervision in various hospitals in Canada. She was one of the second group of Canadian nurses who sailed in early January for South Africa. En route, with the assistance of two other Nursing Sisters, she gave a series of lectures and demonstrations to the men of the American Field Service Corps. On arrival in South Africa, she was posted for duty at Voortrekkerhoogte Military Hospital, near Pretoria, from where she was transferred to a military camp with the post office of Cullinan, a name which recalls the famous diamond discovered there. Previous to her appointment as Sister Tutor, the V. A. D.'s were posted directly to hospitals. This new venture, while still in its experimental stage, is considered a progressive one, and Matron Sharpe is

JULY, 1942



*Canadians on duty at Voortrekkerhoogte*

pleased that a Canadian Nursing Sister has been selected to initiate it.

Time has gone by quickly and I have been busy. All told, there are eighty V.A.D. students. I am quite attached to them already and feel that we should accomplish something worthwhile during the course. The majority have junior matriculation—several their senior matriculation, plus a business or teacher's course. With a few exceptions, all have the complete Red Cross or St. John Ambulance course in first aid and home nursing—some proudly boasting medals and honour standings. I have found it most interesting to learn how the various ones have spent their years since leaving school or college. Some are very young and immature—others older and sadder and wiser no doubt; but they are all keen.

Several have been doing shorthand, typing and book-keeping; some have been managing their own dressmaking and millinery establishments or beauty and hairdressing parlours. One girl owned a poultry farm—but

the chicks got ill! Maybe they sensed the nurse in her and that was their way of showing her the way she should go! Two have been assistant editors of local papers. I told them about our "Siren" and suggested that it would be fun to have a small circular of their own; our shorthand writers could pick up the random notes; our typists do the printing; our commercial artist (we have one) the sketching, and our editors write the candid editorials.

Here is a pattern of the day's work. We all have breakfast at 6.30 a.m. and the students, taking turns, are in charge of their own Mess and plan and cook their meals. Four native boys do the heavy work of making fires and preparing vegetables—one potato each for eighty people means a lot of peeling. I spent two days with them in the kitchens, and we scrubbed shelves, washed windows, turned the Frigidaire inside out and the vegetable table upside down. This experience is proving extremely valuable. They learn to cook and realise that rationing is a fact and no myth, and they understand why meals in an institution are not like what mother used to make!

From 7 to 7.30 a.m. they return to their rooms to tidy them and at the end of the period I go on a tour of inspection. From 7.30 to 8.30 we have calisthenics; fortunately there is one girl in the group who gave gymnastic classes in her pre-war life and she conducts these classes with my assistance. We do them to music, too—there's a piano in the lecture hall and another one of my lassies was once a music teacher, so we all jump and stretch to the tune of "Sally Marais" with a dash of Beethoven. We spend an hour at this as we have to divide the students into groups and to the older ones we give less strenuous exercises. The students enjoy this very much and work hard at it. I've guaranteed that they are going to have a perfect carriage and boyish silhouettes, be

excellent dancers and never have to take a laxative if they put their all in all into these exercises. After that I allow them twenty minutes for a shower and change—it takes them quite ten minutes to get their hair tucked under their veils.

The first period I generally spend in lecturing as they are wide-awake and appreciate sitting down. At 10 a.m. comes the inevitable and most enjoyable break for tea. After that follows more lecturing and demonstrations. In the afternoon, as it gets warmer and they tend to get sleepy, we generally spend the time in return demonstrations, practice and quizzing. Usually I try to leave the last hour to them to put any questions to me and I am pleased to say there is never a lull in the conversation. We generally finish at 4 p.m. and after that it is not unusual to see a white figure dotted here and there on the rocks gazing intently into the valley below or towards the hills beyond (this is a beautiful spot) and then I feel a little sad and a wee bit guilty—eighty essays are to be handed in. The subject I left to them and the search for an inspiration is very evident, or is it perhaps that the actual choice of one is a problem?

We also have extra-curricular activities! We are raising funds for gifts and comforts for the fighting forces. Last night we had a social evening, played games and had various contests. My nose is pink with pride today—it balanced a match box every bit as nicely as Table Mountain could do it! We cleared the tidy sum of £2. 10/-. We are having a book tea and a fancy dress ball—cost of costume not to exceed a shilling. Don't be alarmed, Matron, *we* are just *us*—the male has as yet only looked wistfully on in the dim distance. When we have our concert, however, we shall drop our aloof attitude and invite them to our hospitable hearth—it's for King and Country and the Fighting Forces, after all!



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## British Nurses Relief Fund

When it was understood that British nurses from Singapore as well as those of Allied Nations in the Pacific area had reached Australia in safety, the following cablegram was sent by the Canadian Nurses Association to the Secretary of the Australasian Trained Nurses Association: "Our thoughts are with you. Wish to learn any British or Allied nurses in Australia in need of financial aid. Reply collect." The reply received was: "Deeply appreciate generous offer, inquiries reveal not required at present. Will advise if occasion arises."

The total contributions from each Province since the Fund was opened in March 1941 to June 5, 1942, are listed herewith. The membership of each provincial association of registered nurses is given in brackets:

Alberta .....	\$3,220.00	(1472)
British Columbia .....	4,770.00	(2840)
Manitoba .....	1,436.83	(1539)
New Brunswick .....	1,143.17	( 641)
Nova Scotia .....	1,368.25	(1035)
Ontario .....	21,687.79	(5171)
P. E. Island .....	350.00	( 118)
Quebec .....	2,000.00	(4232)
Saskatchewan .....	3,193.71	(1218)

Contributions to the Fund during the month of May 1942 are as follows:

### British Columbia:

Individual donations .....	\$ 52.00
Kimberley Chapter .....	37.60
Nurses of Oliver, B.C. ....	7.00
A.A., St. Paul's Hospital .....	25.00
Chilliwack Chapter .....	15.00

Undergraduate nurses, University of British Columbia .....	27.80
Nanaimo Chapter .....	10.00
Powell River Graduate Nurses Guild .....	50.00
Roseland Registered Nurses .....	10.00
Cowichan Chapter .....	30.45
Vancouver Local Committee (proceeds of refresher courses) .....	318.45
Sisters & nursing staff, St. Joseph's Hospital, Comox, V.I. ....	7.50

### New Brunswick:

A.A., Fisher Memorial Hospital, Woodstock .....	5.00
St. Stephen Chapter, N.B.A.R.N. ....	80.10
Student nurses & staff, Chipman Memorial Hospital, St. Stephen....	3.00
A.A., Hotel Dieu Hospital, Campbellton .....	22.00
Student Nurses, Saint John General Hospital .....	25.00
Saint John Chapter, N.B.A.R.N. ....	207.25
Moncton nurses .....	48.55
Fredericton Chapter, N.B.A.R.N. ....	29.25
Student nurses, Victoria Public Hospital, Fredericton .....	5.00
Staff nurses, Victoria Public Hospital, Fredericton .....	11.00

### Nova Scotia:

Cumberland Co. Branch, R.N.A.N.S. ....	5.00
Pictou Co. Branch, R.N.A.N.S. ....	12.00
Antigonish-Guysboro-Inverness-Richmond Branch, R.N.A.N.S. ....	17.00
Valley Branch, R.N.A.N.S. ....	12.50
Colchester Co. Branch, R.N.A.N.S. ....	17.00
Halifax Branch, R.N.A.N.S. ....	2.00

### Ontario:

#### District 1:

A.A., Sarnia General Hospital .....	62.28
Student nurses, Public General Hospital, Chatham .....	25.00

Districts 2 and 3:		Group of private duty nurses, Toronto .....	21.25
Nurses of Districts 2 and 3 .....	7.00	District 6:	
Nurses of Simcoe Registry .....	20.00	Nurses of Peterborough .....	15.40
District 4:		District 8:	
Nurses of St. Catharines .....	69.75	Student nurses, Ottawa Civic Hospital .....	50.00
A.A., Hamilton General Hospital ....	100.00	A.A., Lady Stanley Institute, Ottawa .....	443.00
District 5:		District 9:	
A.A., St. John's Hospital, Toronto .....	7.00	Kirkland Lake nurses .....	3.00
A.A., Toronto General Hospital .....	100.00	Individual .....	1.00
A.A., Hospital for Sick Children, Toronto .....	7.15		
Student nurses, St. Michael's Hospital, Toronto .....	122.00	<i>Prince Edward Island:</i>	
Peel Memorial Hospital staff, Brampton .....	17.00	Prince Edward Island Registered Nurses Association .....	25.00
Staff nurses, Toronto Hospital, Weston .....	7.00		
Matron & Nursing Sisters, Military Hospital, Camp Borden .....	22.27	<i>Saskatchewan:</i>	
Matron & Nursing Sisters, Toronto Military Hospital .....	22.00	Arcola nurses .....	17.00
Toronto staff, Victorian Order of Nurses .....	27.95	Saskatoon Registered Nurses Association .....	309.25
Nurses of Oshawa .....	6.31	A.A., Saskatoon City Hospital .....	25.00
		A.A., Regina General Hospital .....	30.00
		A contribution to the Florence Nightingale Memorial Fund has been received from:	
		A.A., Kingston General Hospital .....	\$ 5.00

## Matron MacRae is Promoted



DOROTHY MACRAE

*Photo by Notman, Montreal*

The appointment of Nursing Sister Dorothy MacRae, R.C.A.M.C. to be a Principal Matron is announced by Military District Four. In this capacity she will also serve as Assistant to Miss Agnes Neill, Matron-in-Chief of the Canadian Army Medical Corps Overseas, whose appointment is announced elsewhere in this issue. Matron MacRae graduated from the School of Nursing of the Montreal General Hospital in 1927 and, after serving as a member of the nursing staff in the Western Division of the Montreal General Hospital, became superintendent of nurses at the Anson Memorial Hospital, Iroquois Falls, Ontario. In December 1940, Miss MacRae was appointed Matron of No. 1 Canadian General Hospital.



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# HOSPITALS & SCHOOLS of NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## Post-Operative Care of Cleft Palate

LOUISE DESTROMP

For our nursing clinic this morning we have chosen Baby Richard who has been admitted for repair of cleft palate. You will note that he also had a cleft lip which has already been repaired. Baby Richard is now 18 months old but the cleft lip was repaired when he was ten weeks old. This is the ideal age for this operative procedure and the second year is the time of choice for palate repair. Cleft lip and cleft palate usually occur together but not always.

*Why is the repair of the lip done so early?*

To enable the baby to suck, and also to improve his appearance for the benefit of the mother.

*What is the most important disability resulting from cleft palate?*

The inability to speak distinctly.

*What is the age for learning to speak?*

From one to two years. The ultimate goal in repairing the palate is that the child may learn to speak properly so it follows that this should be done before he acquires the habit of speaking badly. Children are very conscious of anything which tends to make them different from their playmates. By operating at an early age good speech habits may be developed and an emotional disturbance avoided.

*Can these children acquire perfect speech?*

Yes, a great number do when they are treated early and taught to speak distinctly. Some of the older children who have already acquired bad pronunciation have improved remarkably following speech training.

*What pre-operative care do these children require?*

They are particularly susceptible to respiratory infections and for that reason we use protective technique immediately following admission and carry this out until the patient is discharged.

*What is protective technique?*

First, the child must be segregated from other patients, ideally in a cubicle with individual equipment. The nurse must herself be free from infection and must carry out gown and mask technique. Before touching the patient she must wash her hands and arms with soap under running water for one minute. She then puts on a gown and washes her hands for two more minutes before approaching the patient.

*What must be done for these children post-operatively?*

The post-operative care of the cleft palate patient is most important and is centred around two main factors. The first is the prevention of infection, the

second is the prevention of strain or injury to the suture line. There will probably have been some loss of blood during the operation and, in order to prevent or combat shock, the foot of the bed should be elevated from six to eight inches. The child should lie prone with his head turned to one side. A sterile tray should be in readiness on which there should be a towel to be placed under the child's face. On this tray there should also be a kidney basin and mouth wipes. Separately and also sterile, a suction tip should be available in case there is oozing from the wound which the child ought not to aspirate. Sterile tongue depressors and mouth gags should also be at hand. To assure a good airway, the surgeon usually leaves the "tongue stitch" in place until the child is conscious. This is a piece of silk, or other suture material, run through the tip of the tongue. It is left about six inches long and the ends are held by a haemostat; the nurse can thus easily pull the tongue forward if there is any obstruction of breathing. These children must be watched very closely until they are fully conscious. They should then be placed in a supine position and the head of the bed should be raised.

*What nourishment should be given and by what methods?*

The child should have fluids as soon as he can tolerate them and should be fed from a spoon or pipette. All equipment should be sterile and the mouth should be cleansed after each feeding. Clear boiled fluids are given at first but milk must be withheld because it is a good medium for bacterial growth. In about three or four days, when primary healing is complete, milk and milk foods may be allowed and, by the end of the week, a soft diet. All foods must be

sieved or mashed so that there will be no hard pieces to cause injury.

*How can the mouth be kept clean?*

Each feeding is followed by sterile water in sufficient quantities to wash away particles of food which remain along the sutures and teeth. Syringing is likely to cause the child to cry and struggle. It is preferable to cleanse the mouth by giving the child a copious drink of sterile water.

*How may the tearing out of sutures be prevented?*

Any small child puts his fingers in his mouth particularly if something is causing discomfort such as the presence of sutures. Unfortunately we must use restraint and the hands must be fastened to the sides of the cot by means of a flannelette bandage tied in a clove-hitch around the wrists. The child should be taken out of restraint as often as possible. Every time a child cries or even makes a sound he uses the muscles of the soft palate and these muscles must be kept at rest so that strain on the sutures will be prevented. He must be kept quiet and, because children cry when they see their parents, visiting must be restricted. The nurse must be most careful when feeding the patient. One slip of the spoon or pipette and the surgeon's work is ruined, the nurse's time is wasted, there is more suffering for the patient and added expense for the parents. Never put anything into the child's mouth beyond his teeth and you will never injure the palate.

When caring for one of these children keep the ultimate goal ever in mind and work to that end—a child who will speak properly. The surgeon may perform a perfect operation but its success depends entirely on the care given by the nurses, yes, usually students like yourselves.



# Speech Correction for Cleft Palate Patients

MARY WEHE HUBER, M.A.

The miracles of modern plastic surgery are nowhere more highly venerated than within the nursing profession which is among the first to view, in its earliest and most extreme manifestations, the stigmata of cleft lip and palate. Although there is yet much to be learned as to the nature and occurrence of this unfortunate phenomenon, the great white searchlight of science has dissolved the shadow of superstition which clung to it so viciously until less than half a century ago. The enlightened cleft palate individual today is thankful that he was not born in an earlier age when his affliction might have been regarded as a curse of Providence visited upon his family in punishment for some misdeed, and to be borne by them and him, meekly, as a symbol of disgrace.

It is now generally recognized that the rehabilitation of the cleft lip and palate individual is the responsibility, in one way or another, of almost everyone under whose supervision he appears. With a sincere desire to fulfil the needs of each individual patient comes the realization that a more complete understanding of all the problems involved is essential.

Not very long ago, the cleft palate surgeon, in order to prove the success of his operation, was forced to undertake also the task of correcting the speech habits of his patient. Today the busy surgeon in a metropolitan community can usually rest assured that the services of a scientifically trained speech correctionist are at his disposal should his patients require them. However, many post-operative cleft palate patients, following hospitalization, do not remain in

an area where their speech re-education can be undertaken, but are quickly whisked away to their homes in more rural districts which cannot afford the services of specialized workers. These patients then, may never show by their manner of talking, that, for all practical purposes, they have been provided with a normal speech mechanism.

Those who are unacquainted with the principles of speech development seldom realize that correct articulatory adjustments may be impossible when certain parts of the apparatus are lacking. Speech habits, whether good or bad, once they have developed, do not disappear overnight simply because a more adequate mechanism has been provided. In the case of the post-operative cleft palate patient, whose palatal reconstruction took place after the period when speech development took place, it is not a matter of training him to talk, but of re-training him to talk correctly.

Why does the cleft lip and cleft palate patient speak as he does? What essential parts of his speech mechanism were lacking and why should this condition bring about such a characteristic maldevelopment of speech habits? Dr. Robert W. West, in stressing the importance of early operative repair of the cleft lip explains that "the anterior cleft has, not only the direct effect upon labial sounds, but it has also definite indirect effects upon the patient's speech in general, robbing it of vigour and firmness, by centering the patient's attention upon labial and nasal deformities. The patient develops the habit of speaking softly and articulating indistinctly, as though avoiding attraction to the facial blemishes. Operative repair is therefore advised for

both mechanical and cosmetico-psychological effects."

Dr. Herbert Koepp-Baker emphasizes the fact that an intact palatal wall between the nose and mouth is an essential in the production of practically all sounds. He states that the proper conditions for the production of those sounds in which intra-oral breath pressure must be generated, as in the case of plosives (P, B, T, D, K, and G), and certain fricatives (F, V, S, Z, and Sh), cannot be obtained if the palate is inadequate or perforated; and that, in all other sounds, with the exception of the nasals (M, N, NG, and NK), the balance of resonance between the nose and mouth is disturbed in a very conspicuous way if the palatal walls between those two cavities are imperfect.

From the speech standpoint, surgical repair of the soft palate is the most important consideration. The hard palate, not being a movable structure, can, if necessary, be supplied with an artificial wall for palato-lingual contacts. But for adequate functioning of the soft palate in speech, it is essential that its muscles and membranes be restored to their normal positions as nearly as possible. When the velum fails in its function of assisting in naso-pharyngeal closure, the patient is unable to generate the requisite intra-oral breath pressure necessary for the production of good plosive sounds. Fricatives are similarly affected, depending upon the amount of oral breath pressure required for their proper emission. All voiced consonants are affected because their characteristic quality is altered by nasal resonance. Inadequate naso-pharyngeal closure further affects vowel quality through excessive nasal resonance.

The phenomenon of cleft lip and palate are frequently complicated by other structural anomalies that may, unless properly treated, profoundly influence

the problem of speech rehabilitation. Thus we occasionally see deformities of the nostrils, malformations of the gum ridge and dental arch, extremely high, narrow palate, and other more or less serious imperfections of anatomical development. These additional factors play an important role in determining the extent to which a given individual is capable of developing normal speech.

Speech training is not recommended in cases of cleft lip until all operative repairs have been completed. Then the first step is to provide exercises that will strengthen the upper lip and give it functional integration with the rest of the face musculatures. Children may be given whistles and horns to blow on, and they may be taught to imitate the sound of the wind, the mooing of cows, the cry of the owl, the yawn of the hippopotamus, and other natural sounds. Under the guidance of a physical therapist a very short, tight upper lip may be gently massaged to stimulate the circulation in that area and establish greater elasticity of the lip muscles. When the patient has acquired voluntary control of his lip movements he may be shown, before a mirror, the various mouth positions for such sounds as p, b, m, ah, oh, oo, ou, and i.

The main problem of speech re-education, after surgical repair of the palate is usually that of training the patient to close the opening into the nose voluntarily by drawing the velum upward and backward and constricting the pharyngeal wall to meet the velum. In order to determine the extent to which a patient is capable of this function he may be asked to swallow vigorously a large mouthful of water; if he can do so without spilling any of it out through his nose, or if he can blow a whistle without having to pinch his nostrils closed, he has already acquired some functional control of his velum. However, if he



fails in this test certain clinical devices are recommended to render the soft palate pliable and movable, and to develop a conscious kinaesthetic and cutaneous imagery of velar and pharyngeal movements. One method is to have the patient force air out through passively closed lips. With children, palatal control is sometimes accomplished by leading two lines of rubber tubing from the nostrils to an outlet so mounted on a ring stand that air from the nose is directed against a candle flame. When the child blows through his lips, or says plosive sounds with his velum closed the flame is not distorted, but when the velum is open he sees the flame waver. Another device for checking the amount of air escaping through the nostrils is to have the child hold a small pocket mirror under his nose while he pronounces certain plosive sounds. If the mirror gets steamed up the velum is not functioning properly to prevent the breath pressure from escaping into the nose.

Incorrect tongue and lip positions in the production of the various consonant sounds are the natural result of compensatory adjustments of the articulatory apparatus before palatal reconstruction has been provided. The post-operative cleft palate patient must therefore be guided into correct articulatory patterns. With the aid of a mirror and a large flashlight the patient can compare his own sound placements with the correct ones of the clinician and then make the proper adjustments.

In the order of presentation explosive sounds (p, b, t, d, k, g) should come first and these are more easily learned and the experience gained from learning them carries over into the mastery of other sounds. The sounds (k) and (g) need special attention since many cleft palate patients have been in the habit of substituting the so-called "glottal-catch", a

sound made by the approximation of the vocal chords instead of the upward movement of the back of the tongue against the soft palate. Following the plosive sounds, the fricatives (f, v, s, z, sh, etc.) may be taught, and finally the semi-vowels, (r and l).

One cannot over-emphasize the importance of ear training for the recognition of the various sounds. Once the repaired cleft palate patient has learned the correct motor-kinaesthetic habits in speech production a properly trained ear must eventually supplement his regular speech training. The type of speech-reeducation which teaches the patient to discriminate between his own properly articulated or defective sounds is the one that will be of the most lasting value to him.

Post-operative results have shown that in certain cases where palatal reconstruction was almost identical, individuals exhibited marked variations in their capacity to profit by surgical repair and speech training. As Dr. Robert West suggests, in considering the etiology of any speech disorder, we must not lose sight of the uniqueness and individuality of each case; he explains "there are so many variables that what may be an adequate explanation of a speech defect in one child may be wholly inadequate for a similar defect in another. Some of these variables are the age of the child at the time the supposed cause was first operative, the sex, the health and general vitality, the speech models in his environment, his intelligence, and the acuity of his hearing." Innate constitutional factors and environmental influences as well may have considerable diagnostic significance in determining how effectively an individual may react to post-operative speech re-education.

#### REFERENCES

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Clinical Speech. Vol. 11, p. 324. (Published by Edwards Brothers, Inc., 1930).

West, Robert W.: Deformities of the Speech Organs. The Practice of Pediatrics, Ed. Jos. Brenneman. Chap. 14, pp. 28-30. (Published by W. F. Prior Co., 1936).

West, Robert W., Kennedy, Lou, and Carr, Anna: The Rehabilitation of Speech. Chaps. 5 and 13. (Published by Harper and Brothers, 1937).

Miss Margaret G. Finley has kindly contributed the following note on the use of physiotherapy in cleft palate cases:

Dr. Hamilton Baxter recently referred a patient to the physiotherapy department of the Children's Memorial Hospital for treatment. This child was born with a cleft palate. A push back operation was performed in which a flap of palatal tissue was freed and displaced backward to increase the length of the soft palate. Following operation, the raw surface on the nasal side of the palate contracted due to scar formation. This shortened the palate considerably so, to overcome this defect, regular massage

of the palate was performed for short periods five times a week for three months with marked relaxation of the scar tissue and increase in length of the soft palate.

The massage is done as follows: a sterile finger cot is used, stretching effleurage and frictions being the chief movements employed. These are gradually increased in depth, particularly the stretching movements, to prevent adhesions. The child is given frequent rests during the treatment. It is most interesting to note the improvement in the condition after even a few weeks. The surgeon considered it advisable to wait for about one month after operation on the palate, when firm healing had developed, before commencing massage. When the final operation is performed it is anticipated that the child will be able to speak in a normal manner without evidence of her former cleft palate type of speech. Cooperation following the work of the surgeon must be stressed—first the valuable role of the trained surgical nurse, then the combined efforts of the physiotherapist and the speech therapist in obtaining the desired results.

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## Obituaries

HENRIETTA WILSON, a graduate of the School of Nursing of the Sarnia General Hospital, and a member of the Class of 1908, is reported to have died recently. Miss Wilson was engaged in mission work in China for many years and, after a furlough spent in Canada, returned to China in 1937 and became a member of the South China Boat Mission. Her headquarters were at Pinchow and it is believed that she was in the war area at the time of the fall of Hong Kong.

MRS. S. MARTIN BANFILL (Anna Mae Smith) died recently in Montreal. Mrs. Banfill was a graduate of the School of Nursing of the Montreal General Hospital, and a member

of the Class of 1929. Her husband, Capt. S. M. Banfill, was serving with the Canadian Forces in Hong Kong and is now thought to be a prisoner of war.

MARTHA COLQUHOUN died recently in Montreal. She was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1895. Miss Colquhoun gave excellent service for many years as a private duty nurse.

EDNA MARY LATRACE died on May 9, 1942, at St. Joseph's Villa, Victoria, British Columbia. Miss LaTrace was a graduate of the School of Nursing of St. Boniface Hospital, Manitoba, and a member of the Class of 1939.



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## PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

### Fighting Tuberculosis

DOROTHY R. JONES

The Saint John Tuberculosis Clinic functions under the auspices of the Saint John Tuberculosis Association of which Dr. H. A. Farris is the president and founder. The Clinic has been in operation since 1909 and is supported entirely by the sale of Christmas Seals. The Clinic is closely associated with the Saint John Tuberculosis Hospital and serves Saint John City and County and a number of patients from adjacent counties. On January 1, 1942, there were 904 patients under the supervision of the Clinic and we receive a weekly report from the Tuberculosis Hospital of admissions and discharges and pertinent information regarding each patient. All patients up to 40 years of age, other than those diagnosed as tuberculous, are given the Vollmer patch test; clinic patients are x-rayed at the Tuberculosis Hospital.

The nursing staff consists of two members and there is also a paid worker who assists the nurses at the bi-weekly clinics and renders clerical assistance. The nurses visit the patients in their homes in the city and nearby rural areas and transportation is provided by the Association. The Clinic gives milk and cod liver oil to needy patients and clothing is provided when necessary, through the Red Cross and other agencies. The

Gyro Fresh Air Camp, for underprivileged children, provides a month's rest and recreation each summer for boys and girls, many of whom are referred by the Tuberculosis Clinic.

Students from the Tuberculosis Hospital and the Saint John General Hospital are taken on observation visits with the clinic nurses. A group of student nurses from the Tuberculosis Hospital spend an afternoon every two months in the Health Centre, where the Clinic is located, learning of the various activities conducted there. The Tuberculosis Clinic has an excellent opportunity to co-operate with other nursing and social agencies since many of these are housed under the same roof. This is particularly helpful to all concerned because the child welfare nurses and school nurses are carrying on a specialized service. All cases under our active supervision are registered with the Social Service Exchange. The Victorian Order provides nursing care when necessary to patients awaiting admission to the Tuberculosis Hospital and gives us a list of new pre-natal cases each week. The Board of Health supplies us with a weekly list of births and thus the Clinic frequently consults with the child welfare nurses regarding common problems. The school nurses are informed of school

children admitted to and discharged from the Hospital or who are attending the Clinic. Information is exchanged with the Social Hygiene Clinic and the Family Association and the Children's Aid Society are frequently consulted.

The tuberculosis death rate has shown a considerable decline over a period of years. In 1912, the rate was 224.6 per 100,000, in 1918, it had dropped to 123.3, and in 1940, it had reached 57.9. The incident rate of positive tuberculin

tests done on school children has also steadily decreased. In 1927, children 6 to 16 years of age had 59% positive tuberculin reactions; in 1934, the rate on children 17 to 20 years of age was 42% positive and in 1939, the rate on children 12 to 18 years of age was 20% positive. Thus it will be seen that, although considerable progress has been made, the situation is still far from ideal and much remains to be accomplished towards the eradication of tuberculosis.

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### Emma Roberts, Master of Science

In recognition of her unusual service to humanity the University of Toledo recently conferred the honorary degree of Master of Science on Miss Emma E. Roberts, Director of the Toledo District Nurse Association. Miss Roberts was born and educated in Stratford, Ontario, and was graduated from the School of Nursing of St. Catharines General Hospital, St. Catharines. The citation given by President Phillip C. Nash of the University of Toledo reads as

follows: "For thirty years Miss Roberts has been a leader of good works in this city contributing especially to the field of public health. Born in Canada, long a citizen of this nation, trained in hospitals of both countries, since 1916 the Director of the Toledo District Nurse Association, she has brought fame to her city and to her profession by the diligence of her leadership and she has helped to give more useful and happy lives to thousands of our citizens."

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### Victorian Order of Nurses for Canada

The following are the staff appointments to and resignations from the Victorian Orders of Nurses for Canada:

*Miss Geraldine Garnett, Miss Merle Greenaway, Miss Normina MacLean, and Miss Margaret Burgess*, all graduates of the Winnipeg General Hospital, have been appointed temporarily to the Winnipeg staff.

*Miss Margaret Mullen* has resigned from the Montreal staff to be married.

*Miss Elizabeth Reed* has resigned from the

New Glasgow staff to join the R.C.A.M.C. Nursing Service.

*Miss Ella Mitchell* has resigned from the Toronto staff.

*Miss Doris Blackhall* has resigned as nurse-in-charge of the Leamington Branch.

*Mrs. M. R. Hill* has resigned as nurse-in-charge of the Canso Branch.

*Miss Claire Rochez* is on leave of absence from the Ste. Annes Branch for six months.



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## GENERAL NURSING

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Contributed by the General Nursing Section of the Canadian Nurses Association.

### A Registry for Doctors and Nurses

F. W. ROSHER, M.D.

And so that which we call earth, spins on into another year of man-measured time. A year, perhaps, that will be inscribed upon the tablets of human history as one of the most fateful the world has ever known; a year that may spell the end of that civilization with which we have become so accustomed and of which we have been so proud. As great forces the world over strive to annihilate each other on widespread battlefields, enormous quantities of this planet's precious substance are squandered. It is during such crises, that calls for the most efficient method of doing things, both in war industry and home industry, are made. One thing we will do well to bear in mind is that the efficiency of the larger unit depends greatly upon the efficiency of the smaller unit, just as a chain is no stronger than its weakest link.

Let me first state what I mean by the Registry. About two years ago, a committee from the Saskatoon Registered Nurses Association approached certain of this city's doctors, to see if it could be mutually arranged to have a register where the doctors could be more readily contacted and thus improve efficiency. The doctors agreed, and the register formed is called the medical, or doctors', registry. For a nominal fee to the Nur-

ses' Association a doctor may join the Registry. After doing so below his office number in the telephone directory is printed, "If no answer, call the Registry." Here his call is taken care of by someone who is familiar with where the doctor is and how he can be reached. This is a great help to the patient who is naturally anxious to get in touch with the doctor as soon as possible, but it is also of great help to the doctor, for he knows that the nurse in charge of the Registry will get him promptly if necessary, and, on the other hand, not disturb him with unnecessary calls.

When the doctor leaves his house, he leaves the number of the Registry and has all calls relayed there. He delights in the fact that his calls will not be bungled by an inexperienced person, but received by someone familiar with medical conditions. As a result, the doctor learns more about his case than if the call were received through non-medical contact, and this often makes it possible for him to take with him special instruments or treatments he may need, thus avoiding a second trip. Then, too, as the Medical Registry is connected with the Nurses' Registry, he is able to get a special nurse sent on the case at once, if necessary.

As yet, all our doctors do not use the Registry, but more are joining as

they learn of its benefits, and see with what efficiency their cases can be handled. Personally, I feel that this is a definite step in the management and efficiency of a doctor's practice, and is as important relatively, as the progress in its scientific aspects. It seems to be generally admitted that medical care has vastly and steadily improved, but we know there are demands for socialized

medicine. We, the members of the medical profession, should be the real leaders in organizing it, and should not forget that the economic and business end must always be contended with. There must always be a small beginning with hope of larger developments later on, and I feel that the Doctors' and Nurses' Registry is a very definite link in the long chain of progress.

## The Practical Nurse and the Registry

MILDRED EMMERTON

The service that a professional Central Registry for nurses provides for the practical nurse registrants and for the public is worthy of mention and, from experience, I have found that the general public is very appreciative of the fact that all their nursing needs can be supplied through one medium. There are quite a number of cases that can be adequately taken care of by a practical nurse. These would include a convalescent patient, possibly recovering from an operation; a young mother, home from the hospital, and needing a few weeks in which to regain her strength; or perhaps an aged person suffering from an illness that requires a stay in bed. In each of these instances the skill of the graduate nurse is not always necessary and to those of moderate means the service that can be given by the practical nurse is very helpful. At a time when the demands of the various war services absorb a great many registered nurses, the registry which carries practical nurses on its call board finds them helpful in meeting the nursing needs of the convalescent and chronically ill patient.

Practical nurses appreciate registering with a professional central registry be-

cause it enables them to work and to earn a livelihood not for themselves alone but often for a dependent as well. We recognize the prestige of belonging to a registry where records of each practical nurse's work enables the registrar to choose for us cases which she feels we are capable of handling. As a rule, our services follow those of the graduate nurse, although there are cases when we work together and we are usually requested to take the night shift.

One of the greatest benefits that the registry affords to the practical nurse is that the registrars are always willing to help us with our problems by giving us advice and guidance that may be needed at any time. I have used this service and I am very grateful to be a member of an organized registry.

There is one thing that I feel would be an advantage and that is if some instruction could be given to qualify us to care for cases that may be assigned to us by the registry. Many practical nurses have had no preparation and it may be that a course should be given before we take a case or that instruction should be provided from time to time. It seems to me that some plan should be worked out.



# A Day's Work in Newfoundland

C. A. S. ABERNETHY

In the course of a week I had attended four deliveries. The first was on the mainland, eight miles across the bay, and I had gone off duty looking forward to a quiet evening. Then I remembered I had promised some orange juice to the mother of a premature four-pound baby, newly delivered and being looked after by the local handywoman. So I went back to the dispensary. Returning, a glance at the entrance to the harbour showed a decked boat coming quickly in. I recognised it for it came from Davis Cove across the bay and when the skipper came ashore I found it was a call to a place three miles further on. He told me the men from there had come to Davis Cove by dory. Luckily, he had just returned from freighting a load. The woman in labour had written me saying what her condition was, and asking me to hurry back with the boat. When I reached her, delivery had already taken place, and the aged midwife had made her comfortable, though in a way not commendable to any trained nurse. Some bulky old blue aprons were rammed in the vagina, there was no binder on, and the bed had not been cleaned up. There was no rubber sheet, and it was a feather bed. We usually find this state of affairs. After being cared for in a competent manner, they see the benefit of efficient and regular attention. I gave one drachm of ergot and proceeded to do routine changing of bedclothes. There were no baby clothes ready but it was a healthy baby girl and was well wrapped up. Both mother and baby could be safely left until the next morning.

The journey home by boat was not without incident. The boat had been

freighting a load of loose coarse salt, which is used for curing the codfish. On account of the war, a scarcity has been felt. But in Bill's boat it had been poured in the cabin and little piles were still to be seen in the corners. Sacks of potatoes lay in a huddle on one bench, along the wall. Remnants of a meal lay forward, by the side of a small stove, which was dirty and rusty. Logs of wood and "splits", the latter for kindling fresh fires, were strewn around. About half-way over, while I hung in the cabin doorway, my head out like the horses for the breeze, a great dark bulk loomed in the water behind us. It was a large whale and I waited to see him spout, but was disappointed. He was quite close to the boat.

Skipper Bill is a cross between an Eskimo and a French halfbreed, though he would tell you he is a pure Newfoundlander. He brought up all sorts of subjects in the course of conversation, one being that he supposed I had some money and was tired of this rough life in the Bay, especially in winter. I could still smell the onions he had carried as cargo, a whiff now and then coming up past me. Of course I explained that I liked the work and it was better to have someone really interested in the people and their health, rather than have someone who was not adaptable, nor prepared to rough it in order to help them. A twinkle came in his eyes. "You will end up by marrying a Newfoundlander, and I can see you settling down for good here." That night, we got closed in by fog, and I said to the skipper that I felt he was, in my opinion, heading straight for Burgeo Island. But he laughed; he had no need of a compass.

and sure enough in an hour's time we made the place he had steered for, instead of veering to the west as I had feared. Everything was wet with the drifting fog and it was a clammy cold. By the next day a half-gale was blowing and I couldn't leave the settlement. There is no telephone and I was completely cut off from the other sixteen settlements I minister to. This lasted for

another two days, the gale increasing to three-quarter force. The third night I left for my headquarters, and a lot of work.

This is one small slice of the work a nurse will sample in a day or two in Newfoundland. In every instance of being held up on account of stormy weather, I always devote one day to the school and pupils and visit every home.

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## Letters from Sweden

ELIZABETH LYSTER

*Author's Note:* While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. However, as shown in the following letters, the German invasion of Norway brought about changes in the original plans of the Unit.

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*Hogbo Sanatorium  
Falun, Sweden  
December 30th, 1940*

Dear M:

Christmas has come and gone and what a strange Christmas it has been. For days before we were busy decorating the wards and rooms. Each ward has a tree and each room a smaller one alight with many candles. I was fearful for all these buildings are of wood, but nothing happened. Apart from those on the trees, there are dozens all over the place. It

seems like a mild passion with them at this time, and it is nice. We had our Christmas dinner, sitting at the head table with the "husmor", Syster Anna, and one of the doctors and his wife. All the nurses have their meals with the patients, except supper, sitting at the head of each table and serving out the different courses. I can scarcely see over the large tureen and, by the time I have served twelve to fourteen bowls of soup or porridge, I feel I have earned my own meal. For Christmas dinner we started off by eating fish with plenty of white sauce and boiled potatoes. The fish is a special dried kind which one sees in large piles in the stores for weeks before Christmas. It reminded me of dried cod, but not the taste, which isn't a bit fishy. After this original start, we had pork and more potatoes and, for dessert a kind of porridge. At the bottom of each tureen there was an almond, and the lucky person who got this was supposed to compose a verse on the spur of the moment. One fat jolly middle-aged nurse rose nobly to the occasion but nobody else admitted that they had also found an almond lurking in the depths though it is supposed to mean



that you will be married within the year. In the evening, we went to Syster Anna's room to talk and eat nuts and raisins, the one familiar touch, until Syster Anna presented us with grey silk stockings which had had the feet cut off and the ends tied with red ribbon. They were stuffed with nuts, raisins, apples and oranges, a pot-holder and a small brass candle stick. She had heard that we had Christmas stockings in our part of the world and thought it would make it seem more like home for us. Words failed me then and do now when I think of it.

It is strange to be able to see both sunset and sunrise from the same window, which is what I can do from mine. It is dark when I get up at seven and the sky is not really light till nearly ten and just after two the sun is well down towards the horizon and it is dusk again before long. It is a short and fleeting curve which that sun makes and the sky seems to be coloured for many hours with its going and coming. We are high up here and I look down over the tops of the trees to Falun and the distant mountains and lakes. My room is just over the front door and the pavilions stretch out on both sides of me. There are long covered balconies where the patients spend many hours in reclining chairs muffled up to the eyebrows in bags and blankets, their caps pulled low over their ears. It all reminds me, in a rather strange unreal way, of the "Magic Mountain". Is it this that is unreal or is it I? The world seems very far away.

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*Hogbo Sanatorium*

*Falun, Sweden*

*January 20th, 1941*

Dear M:

The hours seem very long here, mostly because there isn't very much to do.

I have actually given medicines (which is progress if you like) under supervision the first two or three times and once alone. Some of the names are alike which is a help. There is a whistle that goes off at odd hours of the day. It is the patients' clock and tells them they should be getting up or lying down or drinking a glass of milk or what you will. It sounds rather like a muted attenuated and mild fog horn. It is very cold, the thermometer reading from 9 to 36 below Centigrade yesterday—get B. to work that out into Fahrenheit. In any man's language it is cold but so far I have not frozen any fingers, toes, ears or nose.

We were having dinner in town one evening and a young lad came over to our table and introduced himself, saying he had heard we were English. He is interned here, waiting to be exchanged with a German. These exchanges go on all the time. He is a New Zealander from Auckland, and was in the New Zealand navy but came over to England before the war to go into the "signals" in the air force. He was flying over Norway in the war, near Trondjheim. The plane was forced down onto the sea and after swimming around for an hour, the crew was picked up by a destroyer. A few days later, they were flying again and again had to come down, this time in Sweden, the only choice being a forest or a lake. They chose the lake and swam for the shore where they were met by about fifteen Swedish farmers armed to the teeth. However, they took them in and dried them out and since then he had been enjoying the doubtful pleasures of internment. Six of the British flyers left last week on exchange for England via Russia, the Mediterranean and North Africa, apparently a shining example of the longest way round being the shortest way home. In the camp with him are Poles, Spa-

niards, French and Portuguese and one British. There is barbed wire, flood lighting, sentries and all and they just walk in and out as they will. They are supposed to report every few hours. In many respects it is not so bad, but time hangs heavy with nothing to do day after day. The British Legation in Stockholm sends him printed news reports and he has asked them to send them to me too. They also sent him a couple of bottles for Christmas and the parcel was opened by the censor who wrote on the wrappings "Skal—the Censor". "Skal" is the Swedish toast.

We are the proud owners of real ski slacks—dark blue and warm. They were sent to us by a friend in Stockholm. Mine are very baggy and pout out at the back, but who cares. We have joined the town library and my first two English books in quite some time are "No Pockets in a Shroud", and "Eyeless in Gaza". I'm wondering how long it will take me to exhaust their supply which is a mixed and motley collection, Dickens rubbing shoulders with E. M. Dell and Galsworthy with Zane Grey. We have hired a radio by the month and it is so good hearing music and getting the odd spot of English news. I have been skiing several times and am improving a little. It is marvellous country round here for it.

You'll never believe it, but five days out of seven we have potatoes three times a day—yes for breakfast, dinner, and supper and it is the usual thing to take two and often three at a time. It is not good manners in Sweden to leave anything on your plate. They scrape up all the gravy with the knife, run it through the prongs of the fork and some how manage to get it to their mouths before it gets away from them. We have tried, without much success. You can always pick out our plates. It's a technique which must be acquired young.

*Hogbo Sanatorium*

*Falun, Sweden*

*March 2nd, 1941*

Dear M:

All over Sweden, a few weeks ago, skiing competitions were held. You had to go one mile (Swedish) across country in one and a half hours. All the conditions were in my favour the day I tried, which was fortunate, as I did it with just four minutes to spare. One day we went out skiing in the woods and had a great time, but I got mixed up in the turnings and we got lost and came out finally when it was getting dark, about ten kilometers from Hogbo. We were rather done in, so we went into a farm house, where they called a taxi for us and treated us to coffee and cakes. It has been very mild in fact a "January thaw". There are even patches of grass showing which is remarkable considering how much snow there has been lying around. It is light now from 7 a.m. till after 5 p.m. One sees a change each day.

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*Hogbo*

*March 16th, 1941*

Dear M:

To-day I am looking after a ward while the Syster in charge is free for the day, and to-morrow I am to look after another ward for an indefinite number of days for the Syster has influenza. Spring is really in the air here now, the sun is very warm and the snow banks are shrinking fast. Quite a stretch of roadway to Falun is bare and, on a patch of grass in the grounds of the hospital, are small clumps of yellow crocus.

I picked up a paper the other evening and read, with you can imagine what feelings, that Kohlby Gaard had burned to the ground. The fire broke out very early one morning and I suppose it was miraculous that all of them got out alive.



But they have lost everything apparently—all the old oil paintings and glass and linens—everything. It is impossible for me to realize that that old white

wooden house no longer exists except in my mind and memory and in those of all who have lived there and known it.

*(To be continued)*

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## A Story of Progress — 1917-1942

Its Silver Anniversary was celebrated by the Saskatchewan Registered Nurses Association in Moose Jaw on May 28 and 29, 1942. Miss M. Diederichs presided at all sessions of the twenty-fifth annual convention. While none of the charter members could be present, greetings from them were read by Miss R. M. Simpson in letters received from: Misses Jean Browne, Jean Wilson, Norah Armstrong, and Mesdames Effie Feeny and Elizabeth Van Valkenburg. Although not a charter member of the Association, Miss Simpson's contributions to nursing especially in Saskatchewan are already most honourable traditions. Members of the S. R. N. A. were also very happy to pay special tribute to the Reverend Sister Vincent, Superior of St. Paul's Hospital, Saskatoon, and to Sister Benignus of Providence Hospital, Moose Jaw, as both of these Sisters were among the first members of the S.R.N.A. In reading the letter received from Miss Jean Browne, it was recalled that she was the first president of the S.R.N.A. and that Miss Jean Wilson was the first honorary secretary. Saskatchewan is proud to include these and other outstanding women in the nursing profession among their pioneer leaders.

Enduring thanks to Dr. Murray, President Emeritus of the University of Saskatchewan, for his assistance in the passing of the first Nurses Act for Saskatchewan and for his support of all nursing progress over a period of years, was expressed to him personally in a resolution presented by Miss Simpson. Happy circumstances made it possible for Dr. Murray to attend and to address the meeting. Great appreciation was also expressed at the continued and unflin-

ing interest in nursing progress as reflected in the support given by the authorities in the University of Saskatchewan at all times. Special mention was made of the University School of Nursing established in 1938.

In addition to the routine reports, which were full of interest, a whole session was devoted to the study of the student nurse and her future as a graduate. Special emphasis was placed on the individual nurse's responsibility at this time for meeting the demands placed upon the profession. The report of progress made in schools of nursing throughout the province was encouraging, although it is apparent that much should still be done in most of the schools to improve living conditions and hours of duty and to secure an increase in the number of qualified personnel. The importance of maintaining standards and requirements for entry to approved schools at as high a level as possible was discussed, although it was agreed that for the duration of the war the minimum entrance age requirement might be reduced to eighteen years. A recommendation to this effect was unanimously passed by the Hospital and School of Nursing Section. It is felt that many desirable students are lost to the profession, as the brighter ones graduate from high schools at an early age. It was announced that a loan fund to assist in furthering the education of the nurse would be established immediately. The Association also went on record as re-endorsing the organization of the Association into districts and chapters and the by-laws were revised to provide for this.

A special and very interesting session was devoted to the discussion of the recommen-

dations that resulted from the Joint Conference held in Montreal and developments in connection with these. Topics were presented by various speakers as follows: Introduction, Miss K. W. Ellis, Emergency Nursing Adviser, Canadian Nurses Association. The Specially Qualified Graduate Nurse: Hospital and School of Nursing, Miss Peggy Kahlo, instructress, Moose Jaw General Hospital; Public Health, Miss Gladys McDonald, supervisor of school nurses, Regina; the Student Nurse, Miss Christine Winning, instructress, Regina General Hospital; the General Duty Nurse, Miss Ella M. Howard, director of nursing, Saskatoon City Hospital. The place of refresher courses in the present day program was discussed by Miss Lillian Ganshorn, instructress, Victoria Hospital, Prince Albert. "The Business of Living—the student of today as the graduate of tomorrow" was the topic chosen by Mr. M. R. Ballard, B.A., B. Paed., principal, Central Collegiate Institute, Moose Jaw. The summary was ably conducted by Miss R. M. Simpson, director, Public Health Nursing Services, Saskatchewan.

The address given by the president, Miss M. Diederichs, was an inspiring one. She referred to the special event which was being celebrated and paid tribute to the charter members and also called upon all nurses to accept individual responsibility in the present crisis. Another stimulating project of the convention was the history of nursing exhibit shown last year, and again this year with interesting additions. With some exceptions, this exhibit was prepared by the schools of nursing and professional organizations in the Province. An outstanding exception was that of the two lovely dolls dressed and donated by the Reverend Sisters of the Hôtel-Dieu, Montreal, representing Jeanne Mance of 1642 and her follower of 1942. This delightful handiwork served as a very fitting reminder of the contributions made to nursing in Canada by this great leader. Two other new and telling contributions to the exhibit were those representing *The Canadian Nurse*, by Miss Ella Howard, and a study prepared by Miss Jean White-

ford, convener of the committee on health insurance and nursing service of the S.R. N.A. We are sure the former must have stirred the many "Mean To's" to become actual subscribers and contributors to *The Canadian Nurse*. As a means of interesting and informing high school and other students in nursing, the exhibit is now being shown in several centres of Saskatchewan. A number of students in Moose Jaw were introduced to it and to nursing as a profession of wide opportunities.

At a dinner held on Thursday evening the entertainment was provided by the Royal Air Force. Squadron Leader Foster gave an inspiring address and other members of the Royal Air Force contributed in a lighter vein. At the close of the sessions, a delightful tea was given by the Moose Jaw Graduate Nurses Association. The president, Miss Gladys Selvig, and Miss Patricia MacKenzie, were in charge of arrangements.

Nurses left Moose Jaw with a feeling that Miss Mary Ingham, as convener of arrangements, and her committee offered a challenge that will not easily be met in other centres—a challenge accepted by Miss Eleanor Fendley, president of the Saskatoon Registered Nurses Association, when she extended an invitation for the twenty-sixth annual convention to be held in Saskatoon.

The officers elected for the coming year were: president, Miss Matilda R. Diederichs, Regina; first vice-president, Miss Mary E. Ingham, Moose Jaw; second vice-president, Miss Elizabeth A. Pearston, Melfort; councillors: Miss M. Ethel Grant, Saskatoon; Reverend Sister Hildegarde, Humboldt; chairmen of sections: public health, Miss Gladys McDonald, Regina; hospital and school of nursing, Reverend Sister Mandin, Saskatoon; general nursing, Miss M. R. Chisholm, Saskatoon.

It was a grand convention. Youth was there in full force and interpreted the modern trends with courage and conviction, while paying respect and tribute to the foundation upon which these are built, and to the builders of it.

R. S. CHRISTILAW  
Acting Registrar, S.R.N.A.



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## STUDENT NURSES PAGE

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### A Good Place to Learn

DORIS FOWLER

*Student Nurse*

*School of Nursing, Toronto Western Hospital*

The out-patient department is one of the most interesting departments of any hospital. Here, patients who are not ill enough to be in hospital are treated and advised. Those who have been in hospital return for observation and treatment and a record is kept of their progress. Some of these people have been attending one or more clinics for many years and have learned to confide in the doctors and nurses. The department thus provides a contact between hospital and home and we learn more about the personal side of their lives. This is an important factor in treating some cases; patients may not realize the seriousness of their ailment until they come for advice. Even patients who are already in the wards are sometimes referred to various clinics for examination and treatment.

The emergency department is open to everyone at any hour of the day or night. Many workmen's compensation cases are admitted and special information regarding the employer and place of work is obtained. The patient is quickly prepared for the doctor; clothing is removed; wounds are cleansed and the patient is kept warm and as comfortable as possible. Sterile surgical trays are ready at all times. Each pa-

tient with an open wound is given an appropriate dose of anti-tetanus serum after a sensitivity test has been given five minutes before. Fracture cases are taken immediately to the fracture room for fluoroscopic examination. If casts are applied a general anaesthetic may be given. Sprains are treated with support and bandages. Numerous minor operations are performed which are not real emergencies. These include incision of infected fingers, removal of cysts and excision of abscesses.

Pre-natal clinics are held in the obstetrical division and on their first visit all patients are given a complete physical examination. On all subsequent visits the foetal heart and pelvic measurements are checked; haemoglobin, blood pressure and a urinalysis are taken. A health service nurse talks to the mother and advises her regarding her diet, clothing and all preparations for the baby. At the post-natal clinic, the mothers are examined to make sure that all the organs have returned to their normal size and position.

In the anaemia clinic, patients suffering from pernicious anaemia are given injections of liver extract intramuscularly and, with weekly treatments, these people can carry on their daily tasks.

At each visit a white and a red blood count is taken. In the eye clinic, patients to be examined for the first time have homatropine and cocaine drops instilled into the eye to dilate the pupil. If glasses are found necessary the patient is given a prescription and if he is unable to pay for them he is referred to the Health Service Department for assistance. A recent addition to the equipment in this clinic is the large electric magnet used for removing bits of steel from the eye. The arthritic clinic is a very large one and is held three times weekly. The patients usually receive injections of various vaccines and some the new gold treatment, a solution made from the sodium salts of gold which is proving useful in many cases. Some are referred to the physiotherapy department for treatment.

In the heart clinic the blood pressure is taken and the chest examined. An electro-cardiogram is frequently made. Digitalis is the commonest medication ordered and each patient is given advice as to diet, rest and exercise. They are hospitalized if they cannot carry out the doctor's orders or afford the proper food.

The chest clinic is one of the largest clinics and work is done which is of infinite value to the community. Health service representatives take an active part as it is necessary for the public health district nurse to visit most of the homes. An effort is made to ascertain environment and possible contacts to trace the disease. Serologies and chest

x-rays are routine and sputum is sent for culture periodically. A considerable number of the patients are given pneumothorax treatments. Some must be referred to sanatoria and in many instances, the health service must make reservations and look after financial arrangements as well as making provision for the patient's family.

A special clinic is held for the treatment of venereal diseases and an attempt is made to find out the history and source of infection. The law requires that all persons with venereal disease must undergo treatment until cured.

The following summary shows what I learned from my term in the outpatient department:

The care of instruments and equipment and the practice of rigid economy.

The care of surgical wounds and the necessity of strict asepsis.

The removal and application of casts.

Treatments of the ear, nose and throat.

Treatments used in minor gynaecological disorders.

The treatment of varicose veins and ulcers.

The procedure and results of ligating the saphenous vein.

The use of liver extract for pernicious anemia.

The use of various vaccines in the treatments of arthritis and the new gold treatment for this disease.

The meaning and action of pneumothorax.

The government regulations regarding the control of venereal diseases and the use of the specific drugs in treating them.

The use of anti-tetanus serum for all patients with open lacerations.

The routine for admitting a patient.

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### M.L.I.C. Nursing Service

*Miss Gwen Spriggs* (Homoeopathic Hospital, Montreal, 1933, and public health nursing course, McGill School for Graduate Nurses, 1937) recently resigned as Metropolitan Nurse in Fort William, Ontario, to be married.

*Miss Clarissa Chivers-Wilson* (Port Arthur General Hospital, 1920) has resigned from the Company's service to be married. Miss Chivers-Wilson has been Metropolitan Nurse in Niagara Falls since the first of the year.



## Service on the Home Front

*Editor's Note:* The Council of the Registered Nurses Association of British Columbia has recently issued this eloquent appeal to its members:

It is now two years since the members of the Canadian Nurses Association (which means you and I, or at least persons representing you and I) sent a special message to the Prime Minister of Canada, reaffirming our loyalty and offering our services in furthering the war effort of our country. Those were the days of the capitulation of France . . . dark days for us and for our cause! There have been many such days since, and many more lie ahead of us before we shall achieve that ultimate victory and peace in which we all believe.

Many have volunteered and are serving with the armed forces both at home and abroad. Nurses have gone from Canada to South Africa and to Scotland. Some of our nurses were in Hong Kong when it fell to the Japanese. We were most sincere in that pledge of loyalty and service which we sent to the Dominion Government in the summer of 1940. We are equally sincere and anxious to serve to-day. Is there not a tendency, however, when expressing such a desire, to hold in our minds only the idea of service with the armed forces, forgetting that, though only a comparative few may have that privilege, there is great need and opportunity for service on the home front?

In June 1940, we were scarcely conscious of a shortage of nurses in civilian life. Now, such shortage is quite acute in certain parts of the country and is being felt to a more or less degree all across Canada. Never before were civilian health services more important than at the present time or more closely related to our war effort! Illness of workers means loss of working days, slows production, and results in a lessening of the output of the essential weapons of war. The results of a recent Gallup poll showed there had been 600,000 men ill, resulting in a total loss of 3,500,000 working days! Translated into terms of production

this meant the loss of 370 bombers or 70 corvettes or 377 cruiser tanks. All this loss because of personal illness! Can anyone feel that civilian nursing plays no part in our country's war effort?

Times are better for the nurse. Because there is a shortage of nurses, she can choose her position. She can demand better salary and working conditions. She can change her position practically at will without fear of being unable to find work again. The fact that nurses are doing just this is only too evident by the very high turnover of staff in most of the hospitals to-day. Civilian services must go on and hospitals must face their difficult problem of providing nursing care for sick patients. Many of our hospitals are having a difficult time and working very short of staff.

The Registered Nurses Association of British Columbia realizes only too well that salaries and working conditions are not always what we would like them to be and we are working toward their improvement. At present a survey is being made of salaries paid to nurses working in hospitals throughout the province. From information thus obtained it is hoped to draw up a definite salary schedule to recommend to all hospitals. At the same time, recommendations in regard to other conditions will also be made. In the meantime (if you are working in hospital) won't you do your part by thinking it over very carefully before deciding to seek a new position? Ask yourself if the change which you contemplate will mean that you will be making a greater contribution to your country's service at the present time. Carrying on to the best of your ability the job which you are already doing is often the most helpful, though at times a difficult thing to do.

As a profession, our present task is twofold: to meet emergency needs and to safeguard standards. What standards? The standard of safe expert nursing service and the standards of nursing education which include: standards of admission to schools of nursing; standards of instruction in

schools of nursing; registration standards; standards of requirement for higher level positions. Safe expert nursing service cannot be maintained if our other standards are allowed to suffer. If every nurse accepts her full responsibility we cannot fail.

Those who remember the depression may also remember that at that time hospitals did a great deal to help nurses. Classes were reduced in order to provide work for graduate nurses. Work was distributed as widely as possible by changing certain of the graduate staff frequently, often every two or three months. Such changes were not conducive to a stable nursing service but were carried out as a means of providing at least some work for as many nurses as possible. We remind you of these things because many nurses to-day are too young to remember or to realize that such things did happen. Thus, when times were bad for the nurse, many hospitals did their best to help out. Now the situation is reversed (partly because of the reduction in the number of students) and hospitals are asking

the help of nurses in their efforts to achieve a stable and an adequate nursing service for their patients. You can help if you will. If you are already employed on the staff of a hospital, don't change your position unless by doing so you will be making a better contribution to the service of our country during this present time. If, in the private duty field, and able to do so, you can help by offering to relieve on the general nursing staff of the hospital particularly during the holiday season. Most hospitals are short staffed these days and their nurses are working under terrific pressure. They must have a vacation to enable them to carry on. If you are not now in active nursing, but are able to do so, why not return for the duration of the war? That would be making a real contribution, and would help to lessen the number of 'practical nurses' to be found in the community after the war is over. The sick in hospital must be cared for and if hospitals are not able to obtain fully qualified nurses they will surely turn elsewhere for help.

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## The McGill School for Graduate Nurses

Convocation on May 27, brought to a close a busy year in the School for Gra-



duate Nurses. Of the thirty-three nurses graduating, two received certificates in administration in hospitals and schools of nursing; nineteen in public health nursing; and twelve in teaching and supervision in schools of nursing. They had come from various parts of Canada, and most of them returned to their respective provinces, to fill positions which were awaiting them. The staff and students spent a happy year in the very satisfactory quarters which have been provided at 3466 University Street, adjoining the campus. The pleasing interior offers ample accommodation for the library, classroom, students' lounge and offices.

Graduates of the School are playing their part in Canada's war effort, and at least thirty-five alumnae are serving with the armed forces. Many interesting letters have been received from England and South



Africa. Because of the need for preparedness, the School was a centre for war service activities throughout the year. All students of the School obtained the first aid certificate of St. John Ambulance Association, and received training in fire fighting and gas drill. In addition, first aid classes were conducted by the staff for other groups in the University. Extension courses were offered to meet the special needs of local nurses serving in hospitals and the public health nursing field.

In looking forward, it is difficult to estimate the number of specially qualified nurses which may be needed, or the new demands which may be made in the next few years. An alarming shortage of fully prepared nurses is being realized, and the situation will become more acute as the war progresses. Consequently this growing need places greater responsibility upon our university schools for the preparation of larger numbers of promising nurses as administrators, teachers and supervisors in all fields of nursing. Graduate nurses should think seriously, therefore, of equipping themselves to meet more adequately the challenge of the times, and to be ready to play their full part during the period of reconstruction.

Wide publicity has been given to the loan fund of the Canadian Nurses Association, which has already enabled many nurses to undertake postgraduate study. The McGill School is fortunate in the number of scholarships and bursaries which are available to candidates for entrance. These scholarships are offered by the Montreal General Hospital, the Royal Victoria Hospital, the Shriners' Hospital, the Children's Memorial Hos-

pital and the Alexandra Hospital. In addition, substantial assistance is given by the Alumnae Associations of the Schools of Nursing of the Royal Victoria, Montreal General, and the Homoeopathic Hospitals. The Association of Registered Nurses of the Province of Quebec annually offers a scholarship, and the Victorian Order of Nurses for Canada maintains its policy of assisting members of its staff to undertake further postgraduate work. Graduates of the School will be glad to know that Miss Frances Upton still gives leadership to the finance committee, and that Mrs. L. Fisher (Frances Reed) has recently been appointed chairman of the Flora Madeline Shaw Endowment Fund Committee. Mrs. Fisher is a past president of the Alumnae Association, and she has maintained a very deep interest in the School.

Because of the demands made upon members of the Alumnae Association during the past ten years to meet current expenses of the School, the Endowment Fund has of necessity grown very slowly. The special objective for this year, it has been decided, shall be to add to this Fund. The Committee has been studying ways and means to achieve this end, with due regard to the many demands being made from other quarters nowadays. During the summer, all graduates will receive details of this plan, and past experience leads the Committee to feel confident that there will be wholehearted co-operation in this endeavour. Members of the Alumnae Association of the School are reminded that the regular payment of the membership fee adds one dollar yearly to the Endowment Fund.

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### O.N.S.A. News Letter

The members of the Overseas Nursing Sisters Association across Canada acknowledge with sincere pride the honour which has been conferred upon a greatly beloved member, Miss Elizabeth Smellie. The first woman to receive the highest honour in the University's gift, the honorary degree of Doctor of Laws was recently bestowed upon

her by the University of Western Ontario, London. To mark this happy occasion, Miss Smellie was guest of honour at a dinner given by the *London Unit*, O.N.S.A.

The *Halifax Unit* reports that many of their members are again doing duty in the new conflict. The *Toronto Unit* reports a most successful "Indoor Street Fair" held

recently at the Queen Elizabeth Hospital by the kind permission of the Board of Governors and Miss Pearl Morrison, the superintendent of the hospital and president of the Unit. Arrangements were carried out under the convenership of Mrs. Gilbert Royce. The fair was opened by Matron Emma Pense lately returned from overseas service and, among other features, included a most successful raffle organized by Mrs. Jack Bell. The event was largely attended and realized a profit for war purposes of \$1,702.40. Bravo, Toronto!

A happy occasion occurred recently in the

family of Miss Helen Lunn, a member of the nursing staff of the Ontario Provincial Department of Health. The celebration of the "diamond wedding" of her parents, Mr. and Mrs. William Andrew Lunn, was marked by a message conveying the good wishes of Their Majesties King George and Queen Elizabeth, and congratulations were also received from the Prime Minister, Mr. W. L. Mackenzie King and from the Premier of Ontario. Miss Lunn served with distinction as Sister during the first Great War and her brother made the supreme sacrifice at Vimy Ridge.

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### The A.R.N.P.Q. Annual Meeting

The twenty-second annual meeting of the Association of Registered Nurses of the Province of Quebec was held on May 15 covering one day only, in order that a larger number of our members would be assured attendance at the biennial meeting of the Canadian Nurses Association. Mental and physical preparedness to meet the immediate problems confronting us and to withstand the trials which may lie ahead was the keynote of all addresses and reports given during the sessions. The French Hospital and School of Nursing Section held a most successful session under the chairmanship of Rév. Soeur Mance Décary. Miss Suzanne Giroux presented some problems in professional nursing and their possible means of solution while Rév. Père Emile Bouvier, Professor, School of Social Service, University of Montreal, gave an excellent and timely address on health insurance. A general business session under the chairmanship of the President, Miss E. C. Flanagan, occupied the afternoon and was one of the best attended and most interesting in the history of the Association. Greetings from Miss Grace M. Fairley, President, Canadian Nurses Association, particularly relating to the three-hundredth anniversary of the arrival of Jeanne Mance and the foundation of our City, were presented in both languages and enthusiastically received.

All reports were read this year, the cus-

tom established in 1941 of mimeographing them for distribution being cancelled as a measure of economy. From evidence presented in the reports one would gather that we are trying to understand each other, our mutual problems, our particular and special difficulties, and our full responsibility in regard to them. The main difficulty at the moment is that which we have in common with other similar groups, namely: the preservation of a good standard of nursing preparation and service in the face of present day world conflict and upheaval. The honorary treasurer, Miss F. Munroe, reported an income of over \$15,000 and a substantial bank balance at the close of the year. Two scholarships of \$350 each were awarded and an additional \$1,000 was subscribed to Canada's second Victory Loan, bringing our total invested capital to \$7,500. All five sections of our Association recorded an active year with refresher courses sponsored by them being well attended. The Registrar's report showed a membership in good standing of 5,442 including 707 on the non-active list. Of our active membership 1261 are engaged in private duty; 1891 in institutional nursing; 681 in public health; 236 with the Armed Forces, 200 of whom are serving overseas, including 25 in South Africa; the remainder are employed in doctors' offices, Trans-Canada Air Lines, as laboratory technicians, registrars and medical artists.



The number of members in arrears is 1045. Enrolment for National Emergency Service is 1586. The total enrolment, including non-registered nurses, is 2500.

In the evening, the sessions were conducted concurrently in both languages, the speakers being Brigadier G. P. Vanier, D.S.O., M.C., Officer Commanding M.D. 5, who addressed both groups most eloquently on "The Times in which we Live". Brigadier Vanier's encouraging message will not soon be forgotten. Dr. Baruch Silverman's address to the English-speaking group on mental health in wartime was most appropriate and helpful and was much appreciated, as was that given to the French-speaking group by Rév. Père Mailloux, Professor of Psychology, Ecole Normale Secondaire, whose subject was "The Nurse on the Invisible Front." Miss Flanagan and Mlle Juliette Trudel presided during these sessions. The morning session was held at the School for Nurses, Hôpital Notre Dame, and the others at the Windsor Hotel.

As a result of the elections three members were re-elected to the Board of Management, while two new members, Miss Maria Beaumier of Quebec City, and Miss A. Martineau, convener of the public health section, were elected to office. Subsequently, during a meeting of the Board, all officers were returned for the coming year. And so the twenty-second annual meeting of the Association of Registered Nurses of the Province of Quebec demonstrated a unity of purpose within our group with a vote of confidence in our officers expressed in no uncertain terms. These officers are: president, Miss Eileen C. Flanagan; English vice-president, Miss Mabel K. Holt; French vice-president, Rév. Soeur Valérie de la Sagesse; honorary treasurer, Miss Fanny Munroe; recording secretary, Miss Alice Albert. The members without office are: Misses M. E. Nash, Maria Beaumier, Mary Ritchie, Annonciade Martineau and Maria Roy.

E. FRANCES UPTON

*Executive Secretary and Registrar*

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## Institute for Public Health Workers

The annual Institute for Public Health Workers, sponsored by the Provincial Board of Health of British Columbia, was held recently in Victoria. The purpose of this gathering is to make available, for those public health workers in areas outside of large cities, information on newer developments in public health as well as discussions of existing problems. Invitations were sent to public health nurses in other services in the province and about eighty were in attendance for the sessions on the three days. The main topics dealt with nutrition, and prenatal, infant and preschool health. The group was particularly fortunate in being able to hear Dr. Jennie I. Rowntree, professor in the School of Home Economics of the University of Washington, on the subject of nutrition. Dr. Rowntree dealt with the subject from a very practical point of view, emphasizing the need for sound knowledge embracing simple and economical prepara-

tions of food contributing to adequate nutrition. In the last of her three talks, Dr. Rowntree discussed briefly the food essentials of the prenatal period and of children through infancy to school age, and included the question of school lunches. The group was cautioned to avoid concentration on dietary problems to the exclusion of "living" for, as Dr. Rowntree said, "when you worry about your habits what good are you to humanity?" Her advice was: "Learn your nutrition, learn to substitute, then, knowing that your food is adequate, forget it."

Miss Grace M. Coffman, supervisor of nurses, Tacoma Public Health Nursing Association, Tacoma, Washington, afforded considerable pertinent information in her review of maternal, infant and preschool health. Miss Coffman, who is doing a very interesting piece of work in the co-ordination of the public health nursing services under an organization of combined private

and official agencies, discussed the various phases in maternal, infant and preschool health program in a generalized public health nursing service. Dr. Mary Luff, mental hygienist, of the Greater Vancouver Metropolitan Health Committee, who had considerable experience in England following the outbreak of war, addressed the group on mental hygiene in wartime. She presented a great deal of interesting and practical information particularly with regard to the care of children as well as of adults during and after air raids. Members of the staffs of the various Divisions in the Provincial Board of Health presented material on tuberculosis and on syphilis in the periods of pregnancy, infancy and preschool. Included also was information on sanitation and on

the use of vital statistics in the public health program.

Adequate time was allowed for questions and part of one session was devoted to discussion by smaller groups of public health nurses, of topics related to those on the program. At a later session, reports from these groups were presented by the discussion group leaders. A luncheon, held on the second day, followed by a showing of films was described by one of the public health nurses as a demonstration of practical nutrition. All in all, the Institute was a great success and the many comments gave assurance of the value of a program of this type.

—HEATHER KILPATRICK

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## NEWS NOTES

### ALBERTA

#### EDMONTON:

The annual banquet of the School of Nursing of the University of Alberta Hospital Alumnae Association was held recently with members of the graduating class present. A report was presented regarding the refresher course being conducted in conjunction with the Royal Alexandra Hospital, with practical experience available at U.A.H. Members of the new executive were introduced. The following members have been elected to serve during the coming year: Honourary president, Miss Helen S. Peters; president, Miss G. Vickers; vice-president, Miss A. Whybrow; recording secretary, Miss D. Russell; Corresponding secretary, Mrs. N. Alexander; treasurer, Miss M. Baxter; social convener, Mrs. F. Beddome; press representative, Mrs. N. Pound; executive committee: Miss M. Strachan, Miss A. Revell, Miss B. Sloane.

A worthy successor to the Florence Nightingale Memorial service held last year in Convocation Hall at the University of Alberta was the re-dedication service held by the nurses of the district in Robertson United Church, Edmonton, on May 10. The nurses made an impressive picture as they filed across the churchyard and marched in to occupy the body of the church. The choir loft was filled by ten students from each of the four training schools in the city. Rev. W. G. Wilson, D. D. gave an inspiring address. All nurses are eagerly looking for-

ward to a repetition of the service next year.

The May meeting of Edmonton District No. 7, A.A.R.N. was under the direction of the public health nurses. Dr. Little, medical officer of health, conducted a practical and instructive discussion of the city's preparations for air raid precautions.

#### CALGARY:

The annual banquet, given by the Calgary General Hospital Alumnae Association in honour of the graduating class, took place recently. More than 260 guests were present—several in the uniform of the Services. The "Big Sister, Little Sister Candle Lighting Ceremony" which initiates new graduates into the Alumnae Association was very impressive. Miss Nora Baker, dressed as Florence Nightingale, entered carrying a lamp with which she lit the candles of the older graduates who, in turn, gave the light to the 1942 graduates. In her presidential address, Mrs. A. E. S. Warrington spoke of the C.G.H. graduates who are in the services. Nine are in the Army, two in the R.C.A.F., three in England, and eight in South Africa. Miss Doris MacLeod, president of the graduating class, thanked the members of the Alumnae Association for their assistance to nurses in training, and Mrs. J. N. Gunn brought the best wishes of the Board of Directors. Mrs. Charles Choate proposed the toast to absent members and Miss Barbara Beattie to the out-of-town members. Mrs. J. A. Morrison proposed the toast to



the training school staff to which Miss Anna Hebert, superintendent, responded. A letter from Miss Sara S. Macdonald, former superintendent of nurses, now residing in Vancouver, was read. Mrs. Richard Cuniffe was convener of the banquet committee. Two plays, under the direction of Mrs. Edmund Thomas, brought a very successful evening to a close.

The following marriages of Calgary General Hospital graduates have recently taken place: Louise Bucklee (1940) to Joseph Turner; Doreen Bradley (1941) to Sub-Lieut. Thomas Hall; Viola Tuff (1941) to David MacDonald; Elspeth Rae (1940) to E. B. Hall.

### BRITISH COLUMBIA

#### GREATER VANCOUVER DISTRICT,

#### R.N.A.B.C.:

The members of the three chapters — the West Vancouver, North Vancouver, and the Vancouver Chapter — gathered on May 7 in Vancouver to form the Greater Vancouver District. Miss K. I. Sanderson, organizer of districts and chapters for the R.N.A.B.C., was in the chair, and Miss Bastin of the West Vancouver Chapter, was acting secretary. Miss Sanderson gave a most encouraging account of the progress made in the formation of chapters and districts in British Columbia — there being twenty-nine nursing associations, as compared to eight, three years ago.

Miss Margaret Kerr, convener of the Placement Bureau Committee, gave her report of the formation of a nursing bureau and placement service which would adjust the needs of the hospitals for additional staff to the supply of nurses in need of employment. This subject stimulated much discussion as it is a very vital question, concerning the private duty nurse particularly. The nominating committee, convened by Miss Lyle Creelman, gave the report of the nominees for the executive of the newly formed district. The following nurses hold these positions: president, Miss Mary Henderson, of the Vancouver Chapter; vice-presidents: Mrs. G. A. McLaughlin, of North Vancouver, and Miss Ursula Whitehead, of West Vancouver; secretary, Miss K. Heaney, of Vancouver; treasurer, Miss Louise E. Jones, of West Vancouver; General Nursing Section, Mrs. B. Cox, of Vancouver; Hospital and School of Nursing Section, Miss M. Watson, of Vancouver; Public Health Section, Miss P. McDiarmid, of North Vancouver. Miss M. Duffield, president of the Registered Nurses Association of British Columbia, closed the meeting

with an appeal for better attendance and greater participation in the new Association.

#### NATIONAL HOSPITAL DAY:

This year in British Columbia, National Hospital Day took on a two-fold purpose: a campaign of publicity in the newspapers, sponsored by the R.N.A.B.C. in various parts of the Province, and a memorial rededication service when all eyes were turned toward the sacrifices and courage of nurses all over the world in fighting disease and preventing suffering. Publicity in Victoria was arranged by Miss Dorothy R. Colquhoun, senior instructor, Royal Jubilee Hospital, and included photographs of nurses under the heading "Canada Needs Nurses". The Kootenay Lake General Hospital at Nelson held open house, and visitors were guided to the various departments by staff nurses, and were afterward entertained at tea by the Women's Auxiliary. Nurses of the Nelson Chapter attended a rededication service held in commemoration of the 122nd anniversary of the birth of Florence Nightingale. In Vancouver, a similar service was held, at which there was a large attendance. Hospital Day was brought before the public by newspaper articles and photographs depicting a student nurse's day, and an interesting resumé of the life of Florence Nightingale.

#### *Vancouver General Hospital:*

The Vancouver General Hospital Alumnae Association, as is their annual custom, entertained the V.G.H. graduates of 1942 at a banquet and of the 187 present, 62 were members of the graduating class. Speakers excelled themselves in their very gracious toasts. Miss Maitland and Miss Duffield gave the toasts to the Hospital and the graduates, and received replies from Miss Fairley and Miss Rollo respectively. Miss Janet Pallister was the lucky winner of the draw for the floral centre piece. Miss Ruby Peterson gave piano selections and accompanied the community singing, led by Miss Grace Noble. The drama of the evening, "The Hysterics of Nursing", a true tale, designed for the education of the graduates of 1942, brought to light many skeletons long hidden in cupboards of older graduates. Members of the Alumnae Association took part in the skit while Miss Beth McCann gave the commentary.

#### VICTORIA:

Dr. D. M. Baillie of Victoria, in an address given to the members of the Vancouver

ver Island District No. 1 (Victoria Chapter), stressed the need for closer co-ordination between physicians, surgeons, dentists, public health officers, hospitals, nurses, physiotherapists, technicians, nutritionists, and sanitary engineers, pointing out that the maintenance of community health was dependent on the services of all these agencies. In acknowledging the difficulties of a perfect plan, Dr. Baillie referred to the gap between the public health services and the private practitioner. He went on to say that: "A health insurance scheme for Canada is under consideration. This is a step that should have been taken many years ago. Canada has been woefully behind many other countries in legislation of this kind, such as Denmark, Sweden, and Great Britain. In this regard we have much to learn from Soviet Russia, which has the most advanced and comprehensive medical and public health set up in the world today."

Dr. Baillie closed his remarks by saying: "The line of advance, then, in modern medicine is the careful and co-ordinated activity of all the agencies I have cited. This has to be accomplished by a central planning authority under our constituted government. It will not come until the people of Canada demand it."

The annual meeting of the Victoria Chapter, R.N.A.B.C. was held recently when the following officers were elected: president, Mrs. J. H. Russell; first vice-president, Sister Mary Claire; recording secretary, Miss G. Wahl; treasurer, Miss N. Knipe.

Rededication Services were held at St. Andrew's Cathedral and First United Church, with 325 nurses participating, many of whom were in uniform. Addresses were given by Bishop Cody and Mr. McLeod.

Thirty-nine graduates of the School of Nursing of St. Joseph's Hospital recently received their diplomas from His Honour the Lieutenant-Governor at an impressive ceremony, marking the 41st annual commencement exercises of the Nursing School. Mrs. Angus Campbell's bursary was won by Miss Goldie Hannah. Forty-four nurses recently received their diplomas and gold badges at the graduation exercises of the School of Nursing of the Royal Jubilee Hospital. The Robert Sand Patience Day Memorial Scholarship was won by Miss Florence Johnson.

The following marriages have recently taken place: Isobel Court McIntyre (St. J. H., 1942) to James Anthony Wood; Ina Purves (St. J. H., 1938) to C. F. McNaughton; Vera Jane Dillman (St. J.H., 1940) to James Richard Munro, R.C.N.V.R.; Jeanne Theodora Groos (R.J.H., 1937) to Dr. T. W. Walker; Alice Pidcock (R.I.H. 1939) to Lieut. George Lyle, R.C.A.; Florence McKay (R.J.H., 1939) to Mr. Haggstrong, R.C.A.F.

## MANITOBA

### WINNIPEG:

The annual meeting of the Winnipeg General Hospital Alumnae Association was held recently when the following officers were elected: Honourary president, Mrs. A. W. Moody; president, Miss Connie Lethbridge; first vice-president, Miss Kathryn McLearn; second vice-president, Miss Elsie Wilson; third vice-president, Mrs. S. Ward; recording secretary, Miss June Smith; corresponding secretary, Miss Alice Robertson; treasurer, Miss Florence Stratton; conveners for standing committees: program, Mrs. C. Kershaw; membership, Miss Audrey Porter; visiting, Miss Grace McKeavor; journal, Mrs. S. G. Horner; conveners for special committees: representative to school of nursing committee, Miss Gertrude Hall; representative to *The Canadian Nurse*, Miss Helen Smith; representative to doctors and nurses directory, Miss Alda Howard; archivist, Miss Mary Stewart; jubilee, Miss P. Bonnar; representative to Local Council of Women: Mrs. Thomas, Mrs. Randall; representative to Council of Social Agencies, Mrs. A. Speirs.

The graduation exercises of the Winnipeg General Hospital School of Nursing were held recently when 67 graduates received their diplomas and medals. A reception was later held for the graduates in the nurses home.

The Alumnae Association recently entertained the 1942 graduates at dinner when the president, Miss Constance Lethbridge, was in the chair, assisted by the honourary president, Mrs. A. W. Moody (1892).

Miss Gertrude Hall (1921) recently attended the annual meeting of the American Nurses Association held in Chicago.

The following marriages have recently taken place: Lillian Thomas (1941) to Dr. John Ridge; Helen B. Creery (1942) to Lieut. J. W. Battershill.

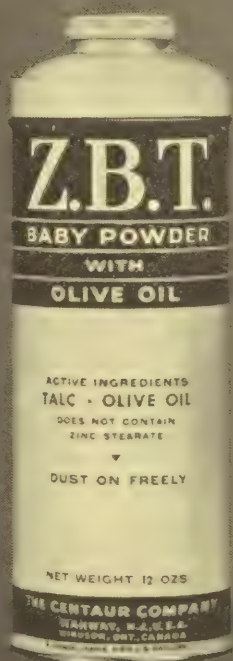
## NOVA SCOTIA

### HALIFAX:

The annual meeting of the Halifax Branch, R.N.A.N.S., was held recently. There was a large attendance, with good representation from the Army, Navy, and Air Force Nursing Services. The president, Miss Jane Hubley, was in the chair. Miss Lenta Hall, convener of the War Emergency Committee, stated that preparations were still continuing to meet possible emergencies. Twenty-two home nursing classes have been organized since the fall. Three hundred and sixty-one have received certificates. Miss Marjorie Jenkins reported that the Nurses Official



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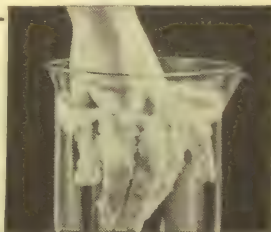
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## PRODUCTS

Directory is now well established. Plans are being made to expand the Directory to include all groups engaged in nursing, such as graduates of maternity hospitals and practical nurses.

The following officers were elected for the coming year: president, Miss Lillian Grady, B.Sc.; first vice-president, Miss Ruth Hart; second vice-president, Miss Gertrude Crosby; recording secretary, Miss Joyce MacDonald; corresponding secretary, Miss M. Hosterman; conveners of committees: publication and program, Miss D. Turner; general nursing, Miss Claire Otto; hospital and school of nursing, Miss J. Church; visiting, Mrs. Myrtle MacPherson; public health, Miss Marion Shore.

We look forward to a promising year under the capable direction of our new president. Miss Grady is a graduate of the Halifax Infirmary, and obtained her B.Sc. in nursing in St. Louis, Missouri. She is instructress of nurses at the Halifax Infirmary. A most interesting address was given by Surgeon Lieutenant Commander J. Wendell MacLeod, F.R.C.P. on the problem of medical care in Canada.

### NEW GLASGOW:

Over a hundred nurses, ninety of whom were in uniform, attended the Vesper Service held in Trinity United Church, New Glasgow, on May 10.

Miss Hilda Meikle and Miss Lenora MacMillan were chosen to represent the Pictou Co. Branch, R.N.A.N.S. at the annual meeting of the Provincial Association held in June in Kentville.

### ONTARIO

#### DISTRICT 1

#### SARNIA:

A refresher course was held recently in Sarnia for graduate nurses. The lectures were very interesting and were well attended. The lectures were given by physicians on the following topics: obstetrics and gynecology; burns and shock; treatment of hemorrhage; treatments in ear, eye, nose and throat; blood bank and blood substitutes; pediatrics; new drugs; wounds and fractures. Demonstrations of the following procedures were in charge of Miss B. MacFarlane and Miss B. O'Malley: oxygen therapy, Wangensteen, suction drainage, intravenous infusion, blood transfusion, and blood plasma for transfusions. A demonstration of first aid was given by Dr. J. Mann, of the St. John Ambulance Corps.

The graduate nurses of Sarnia recently



held a tea and bake sale, from which \$350 was raised in aid of the British Nurses Relief Fund.

The following marriages of Sarnia General Hospital graduates have recently taken place: Jean Revington (1933) to L. W. Lobsinger; Edith Hodgins (1933) to A. Thompson; Irene Hearn (1941) to L. H. Riseborough; Irene Dunford (1941) to S. Brock; Minnie Robbins (1941) to N. MacLean; Gertrude Knight (1934) to Philip Abel.

#### DISTRICT 4

##### HAMILTON:

##### *St. Joseph's Hospital:*

The following officers have recently been elected by the Alumnae Association of St. Joseph's Hospital to serve during the coming year: Honourary president, Rev. Sr. M. Alfonsa; honorary vice-president, Rev. Sr. Mary Grace; president, Miss I. Loyst; first vice-president, Miss G. Neal; recording secretary, Miss F. Nicholson; corresponding secretary, Miss E. Moran; treasurer, Miss L. Curry; executive: Misses Crane, Dynes, Miller, McNamamy, Hays, Quinn, Markle, O'Neal; entertainment, Miss A. Williams; representative to *The Canadian Nurse*, Miss L. Johnson.

The graduating exercises of the School of Nursing of St. Joseph's Hospital were held recently. His Excellency, Bishop J. Ryan, presented 27 nurses with diplomas and pins, and gave a very inspiring address. The Alumnae Association entertained the new graduates with a delightful dinner and dance.

At a recent meeting of the Alumnae Association, it was reported that, to date, \$77 had been collected for the British Nurses Relief Fund.

The following marriages have recently taken place: Jeanne Stevenson (1939) to Lieut. William Broadfoot, Medical Corps; Margaret Lottridge (1941) to Ralph Hill; Shirley Beck (1941) to Bill Mitchell; Ariel Bird (1941) to Ashton Smith.

#### DISTRICT 5

##### *Toronto Department of Health, Division of Public Health Nursing:*

The Public Health Nurses Association of the Toronto Health Department held a tea at the Riverdale Isolation Hospital in honour of 130 volunteers who render such valuable aid at the Health Centres and schools each

JULY, 1942

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**WANTED**

Applications will be received from nurses for **General Staff Duty** in an interior British Columbia hospital, maintaining an all graduate nursing staff. The salary is \$65.00 per month, with maintenance. Apply to:

**Kootenay Lake General Hospital, Nelson, B.C.**

**WANTED**

Applications are invited for **Graduate Nurses** from recognized schools for **General Duty**. Please enclose credentials when applying to:

**The Superintendent, Galt Hospital, Galt, Ont.**

**WANTED**

Applications are invited for the position of **Class Room Instructress** for a 100-bed Hospital. Apply, giving qualifications, experience, and salary expected, to:

**The Superintendent, General Hospital, Dauphin, Manitoba.**

**WANTED**

Positions as **General Duty Nurses** are available in the **Verdun Protestant Hospital** for the treatment of mental diseases. Applications from **Registered Nurses** are invited. Maintenance and a beginning salary of \$50.00 per month are offered.

**Apply to: Director of Nursing, P.O. Box 6034, Montreal, P.Q.**

year. Among those invited were His Worship the Mayor, Dr. McCallum, chairman of the Board of Health, all department medical officers, Dr. Alan Brown, Dr. Beverley Hannah, Dr. E. P. Lewis, Miss Ethel Cryderman, V.O.N., Miss Helen Heffernan, St. Elizabeth Visiting Nurses, Mr. Stapleford, N.W.A., Miss Touchburne, N.W.A., all hospital superintendents, Mrs. D. B. Sinclair, Miss Marian Emerson, Mrs. Kaspar Fraser, Miss Bessie Touzel, Mrs. Robert Conner, C.W.V.S., and Mrs. Graham Bryce, C.W.V.S. His Worship the Mayor spoke feelingly of the work accomplished by the nurses and volunteers. Miss Hickey, director of public

health nurses, thanked the volunteers for their services. Miss Clara Vale, president of the Public Health Nurses Association, presented a bouquet of roses to Miss Matheson, superintendent of the Isolation Hospital, who has been the gracious hostess to the nurses and volunteers on many such occasions.

*Toronto Western Hospital:*

At the regular monthly meeting of the Toronto Western Hospital Alumnae Association held recently, the president, Mrs. Douglas Chant, was in the chair. The



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members of the graduating class were introduced and welcomed to the Alumnae Association. Mrs. Chant was chosen to attend the C.N.A. convention in Montreal in June, and Miss Verna Gibson to be the representative to the R.N.A.O.

Commemorating the birth date of Florence Nightingale, Miss F. H. M. Emory, of the University of Toronto School of Nursing, outlined Miss Nightingale's influence on the nursing profession and added that nurses might show their gratitude by being worthier members of a worthier profession.

The draw was made on a Red Cross raffle for a \$50 cheque, War Savings Certificate, and other additional prizes, the members being very pleased with the proceeds of \$450. A social hour followed.

The following marriages have recently taken place: Frances Fasken (1939) to W. Yonson; Jean McDonald (1937) to Dr. Fred Pearson.

### DISTRICT 6

#### PETERBOROUGH:

The quarterly meeting of District 6, R.N. A.O., was held recently in Peterborough, with the chairman, Miss Irene Shaw, of Cobourg, presiding. The afternoon session was held at the Nicholls Hospital and was

devoted to business. The Sisters of St. Joseph's Hospital presented an exhibit, made by the students of their school, in the interest of *The Canadian Nurse*. It depicts the first hospital on the Island of Montreal, with its foundress, Jeanne Mance. It was the unanimous wish of the meeting that it be forwarded to Windsor for the annual meeting. The members were very fortunate in having Miss Edna Moore, Chief Public Health Nurse of Ontario, speak at the dinner meeting on "Nursing in Wartime". She emphasized the pressing need of registration of all married and retired nurses as a source of supply in a national emergency, and urged that all nurses maintain their standards both during and following the war, not for themselves alone but for the nurses of other countries more severely tried than ours. The evening meeting was largely attended. Miss Claribel McCorquodale, Department of Radiology, Toronto General Hospital, gave her very interesting talk and film, "A Nurse Looks at Radiology". Refreshments were served by the members of Chapter C.

#### LINDSAY:

Miss Madalene Baker recently addressed a mixed gathering of nurses, the registry board, and other persons interested in community nursing service. Her address was both

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The Verdun Protestant Hospital for the treatment of mental diseases offers a supplementary four-months course in psychiatry to graduate registered nurses who have not had the benefit of the experience afforded during an undergraduate affiliate course in this branch of nursing.

A regular course of lectures is given by the Medical Staff and clinical experience in the wards affords an opportunity of observing and taking part in the modern treatment of mental diseases.

Maintenance and an allowance of \$25.00 per month are provided. Apply to:

**Director of Nursing  
P. O. Box 6034  
Montreal, P.Q.**

interesting and informative. At another meeting Dr. Grierson, of Sunderland, addressed the graduate nurses of the town and student body on his experiences in Korea as a medical missionary. This proved of great educational value at a time when the Orient seems so much closer to us.

Misses G. Lehigh, C. Fallis, and D. Currins attended the R.N.A.O. convention. Miss Lenore J. Harding has joined the R.C.A.M.C. and is in Kingston. Miss Ethel M. Lowe has joined the R.C.A.M.C. and is in Ottawa. Miss Dorcas Herron is doing industrial nursing in Windsor.

In the April *Journal* it was incorrectly stated that Miss Effie McIntyre was on the staff of the Red Cross Hospital, Kirkland Lake. At present, Miss McIntyre is at the Presbyterian Hospital, New York. Miss Flora Moffatt is on the staff of the Red Cross Hospital, Kirkland Lake.

Married: Recently, Miss Jean Crittenden (1941) to Pte. Gordon Eberts.

### DISTRICT 8

OTTAWA:

#### *Ottawa General Hospital:*

On the occasion of Hospital Day members of the Alumnae Association of the School of Nursing of the Ottawa General Hospital gathered for the presentation and unveiling of the portrait of the fifth superintendent of the School of Nursing, Rev. Sister St. Flavie Domitille. An active member of the hospital staff for over 30 years, Sister Flavie was named superintendent of nurses in 1922, a position which she filled capably until her appointment as Superior a little over a year ago. Under her efficient direction, more than 500 young women were prepared to take their place in the nursing profession.

Guests were received by the Rev. Sister Superior, Miss Viola Foran, president of the Alumnae Association, and Miss Alice Proulx, vice-president. Miss Jeanne Frappier and Miss Bernadette Legris unveiled the portrait. Among the guests were the Rev. Mother General and the Council of the Grey Nuns of the Cross. Addresses were given in both English and French by Miss Isobel McElroy and Mrs. Herbert Plunkett.

### QUEBEC

MONTREAL:

#### *Montreal General Hospital:*

Miss Helen Hamilton (1933) and Miss Dorothy Barclay (1940) have been appointed Nursing Sisters with the Royal Cana-



dian Navy. Miss Lois Bailey (1937) and Miss Phyllis McElroy (1939) have been appointed Nursing Sisters with the R.C.A.M.C. Miss Katherine Hill (1940) and Miss Rosamund Wilson (1942) have accepted positions at the Arvida Hospital, Quebec. Miss Grace MacMaster (1929) is relieving in the operating room for the summer.

The following marriages have recently taken place: Grace A. Lindsay (1940) to Dr. Charles F. Hyndman; Nursing Sister Patricia de Merrall (1939) to Dr. W. H. Phillip Hill, R.C.A.M.C.; Gwenneth M. Sawers (1938) to Arthur S. Veysey; Margaret Vowles (1937) to Eric Milroy; Edith Little (1939) to AC John A. Tait, R.C.A.F.; Aline L. Fee (1939) to Flying Instructor John R. Mills, R.C.A.F.; Ruth Goodwin (1942) to Flight-Lieut. Kenneth Taylor, R.C.A.F.; Frances Randall (1939) to E. Brophy.

### *Royal Victoria Hospital:*

The graduating exercises of the School of Nursing of the Royal Victoria Hospital were held recently, when Miss F. Munroe read an interesting report of the school, and the diplomas were presented by Dr. G. F. Stephens. The address was given by Dr. Frank McKenty, and Lady Meredith presented the prizes.

Miss Margaret MacLean (1941) is on duty at the Naval Base Hospital at St. John's, Newfoundland, and Miss Lilla Wright (1940) at Esquimalt, B.C. Miss Helen Murphy (1938) is in charge of a surgical ward at Grace Hospital, Detroit.

The following marriages have recently taken place: Ruth Forsyth (1941) to Dr. James Alan Scott; Edith Connell (1935) to William James MacPherson.

### *McGill School for Graduate Nurses:*

A well-attended annual meeting of the Alumnae Association of the McGill School for Graduate Nurses was held recently, when reports from the various committees were read and approved. A letter of greeting to the Alumnae Association and of congratulations to the graduating class was read from Miss G. M. Fairley. A happy feature of the evening was the reception in honour of the members of the graduating class, at which time they were welcomed as members of the Alumnae Association.

A message of congratulations and good wishes was sent to Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief, R.C.A.M.C. Nursing Service, who has recently been honoured by the University of Western Ontario conferring upon her the honorary degree of LL.D. at their recent convocation. By this distinction, Miss Smellie has once again brought honour to the whole nursing profession.

The following officers were elected to



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serve during the coming year: president, Miss M. I. Brady; vice-president, Miss W. McCunn; secretary-treasurer, Miss Jessie C. Cook; committee conveners: Flora Madeline Shaw Fund, Mrs. L. H. Fisher; finance, Miss E. F. Upton; program, Miss Rosamond Lamb; representatives to: Local Council of Women: Mrs. J. R. Taylor, Miss Eleanor Martin; *The Canadian Nurse*: Miss Clara Aitkenhead (convener), Miss Myrtle Graham, Miss Annesley, Miss J. Morris.

### *St. Mary's Hospital:*

At a recent monthly meeting of the Alumnae Association of St. Mary's Hospital the guest speaker was the Rev. Hector Daly, S.J., national chaplain, C.C.Y.U.

### QUEBEC CITY:

#### *Jeffery Hale's Hospital:*

The graduation exercises of the School of Nursing of Jeffery Hale's Hospital were held recently with a large number of friends and relatives present. The opening prayer was led by Rev. Matheson. Mr. J. T. Ross, assisted by Miss Lunam, presented the graduates with their pins and diplomas. Dr. A.R.F. Hubbard gave an interesting address and, following the exercises, a reception was held for the graduates in the beautifully-decorated lounge.

The Alumnae Association recently entertained the 1942 graduates at dinner, with the vice-president, Mrs. L. Teakle, in the chair. Miss Mayhew proposed the toast to the King, and Mrs. Fleming proposed a toast to our Alma Mater. Miss Lunam proposed an inspiring toast to the graduates, to which Miss Marsh replied. The class prophecy was given by Miss B. O'Neill. The guest speaker, Mrs. W. H. Delaney, spoke on "The Life of a V.A.D." which was enjoyed by all. Mrs. Pfeiffer proposed a toast to absent friends—especially to those on overseas service. A dance was given recently by the staff and Board of Governors in honour of the graduating class, and an enjoyable evening was had by all.

The members of the Jeffery Hale's Hospital staff recently honoured Miss M. E. Lunam on her appointment to the position of lady superintendent of the School of Nursing. On behalf of the staff, Miss C. Kennedy presented Miss Lunam with a sterling silver compact. Several members of the Alumnae Association recently gathered at the home of Mrs. Fleming to extend to the guest of honour, Miss Lunam, their good wishes. Mrs. Fleming presented her with a beautiful china dinner set, on behalf of the members. Refreshments were served by the hostess.

Miss M. Wilson (1941) has left Riverbend and is working on the staff of the Jewish General Hospital, Montreal. Miss E. Far-

quhar (1941) has accepted a position on the staff of the Children's Memorial Hospital, Montreal.

### SASKATCHEWAN

#### SASKATOON:

At a recent meeting of the Saskatoon Registered Nurses Association held at the Saskatoon City Hospital, an excellent report was submitted by Miss E. Fendley, delegate to the convention recently held in Moose Jaw, marking the Silver Jubilee of the S.R.N.A. She outlined the Convention in detail, bringing to the nurses unable to attend the sessions a very satisfactory report on nursing activities throughout the province for the past year. A donation was made to aid the Red Cross drive. The newly-elected officers for the year 1942-43 are as follows: president, Miss E. Fendley; first vice-president, Miss M. Bohl; second vice-president, Miss M. Tedford; secretary, Miss E. Hanna; honorary treasurer, Miss D. Duff; registrar and treasurer, Miss M. Urton; councillors: Miss K. W. Ellis, Miss R. Smith, Miss M. E. Grant, Miss M. R. Chisholm, Miss J. Whiteford, and Miss M. F. Finlayson.

#### HUMBOLDT:

A veritable "Crusade for Health" was sponsored here recently by the teaching staff of St. Elizabeth's Hospital School of Nursing, who undertook the formation of classes for a home nursing course. So spontaneous and rapid was the response that the number of entrants exceeded the expectation. Some sixty members applied, necessitating the formation of two groups as the regulation class allowed only 20-30 individuals to a group. The classes and demonstrations extended over a period of six weeks and were given weekly in the Hospital building. Sr. M. Hildegard, superintendent of nurses, acted as chairman of the arrangement committee. The lecturers who gave their services to this worthy cause included: Dr. B. W. Hargarten, who gave a most instructive talk on prevention of communicable diseases and the care of communicable disease patients in the home; Sr. M. Annunciata (T. & S. 1940-41), instructor of nurses at St. Elizabeth's Hospital School of Nursing; Sr. M. Hildegard; Sr. M. Floriann; Mrs. P. Rosenberg. The lecture on the care of the mouth and teeth, very ably presented by Dr. E. Sklar, concluded the course. The regular attendance, keen interest and enthusiasm shown by the participants was most encouraging to the instructors, who extend to all their sincerest hopes that the acquired knowledge will prove most useful and inspirational for the care of the sick in their homes.



# Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

## THE CANADIAN NURSES ASSOCIATION

**President**..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.  
**Past President** Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.  
**First Vice-President**..... Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.  
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### COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

*Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

**Alberta:** (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Helen Garfield, 718-3rd St. E., Calgary; (4) Miss Annie Carlson, 112-10th Ave. N. W., Calgary.

**British Columbia:** (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

**Manitoba:** (1) Mrs. A. C. McPetridge, 418 Campbell St., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss E. Rowlett, 125 Nassau St., Winnipeg; (4) Miss E. Campbell, 778 Ingersoll St., Winnipeg.

**New Brunswick:** (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

**Nova Scotia:** (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.

**Ontario:** (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise

D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

**Prince Edward Island:** (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

**Quebec:** (1) Miss E. Flanagan, 3801 University Street, Montreal; (2) Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

**Saskatchewan:** (1) Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; (2) Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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#### Hospital and School of Nursing Section

**CHAIRMAN:** Miss Blanche Anderson, Ottawa Civic Hospital. **First Vice-Chairman:** Miss E. G. McNally, General Hospital, Brandon. **Second Vice-Chairman:** Miss M. Batson, Montreal General Hospital. **Secretary-Treasurer:** Miss W. Cooke, Ottawa Civic Hospital.

**COUNCILLORS:** **Alberta:** Miss G. Bamforth, Royal Alexandra Hospital, Edmonton. **British Columbia:** Miss F. McQuarrie, Vancouver General Hospital. **Manitoba:** Miss D. Ditchfield, Children's Hospital, Winnipeg. **New Brunswick:** Miss Marion Myers, Saint John General Hospital. **Nova Scotia:** Sister Mary Peter, St. Joseph's Hospital, Glace Bay. **Ontario:** Miss L. D. Acton, Kingston General Hospital. **Prince Edward Island:** Miss Georgie Brown, Prince County Hospital, Summerside. **Quebec:** Miss M. Batson, Montreal General Hospital. **Saskatchewan:** Reverend Sister Mandin, St. Paul's Hospital, Saskatoon.

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**COUNCILLORS:** **Alberta:** Miss Helen Garfield, 718-3rd St. E., Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss E. Rowlett, 125 Nassau St., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss W. Ashplant, 807 Waterloo St., London. **Prince Edward Island:** Miss Margaret Darling, Alberton. **Quebec:** Miss A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan:** Miss Gladys McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

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### Alberta Association of Registered Nurses

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### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tamblin, Provincial Mental Hospital, Ponoka; *Representative to The Canadian Nurse*, Miss Nessa Leckie.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec.-Treas. Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*, Miss Green, Miss Weeks, Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crockett; *Representatives to: Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

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### Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostulik; Secretary, Miss Marjorie Balr, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

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### Registered Nurses Association of British Columbia

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## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., Miss L. Bartsch; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss D. Parsons, Fredericton; Sister Anne de Parede, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Follis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec.-Treas.-Registrar, Miss Alma Law, Health Centre, Saint John; *Conveners of Sections*: *Hospital & School of Nursing*, Miss M. Myers; *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *Instruction*, Miss Boyd, St. Stephen; *The Canadian Nurse*, Miss H. Cahill.

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### Registered Nurses Association of Nova Scotia

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ry, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; Rep. to The Canadian Nurse, Miss Flora Anderson, General Hospital, Glace Bay.

## ONTARIO

### Registered Nurses Association of Ontario

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### Prince Edward Island Registered Nurses Association

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## QUEBEC

### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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### SASKATCHEWAN

Saskatchewan Registered Nurses Association  
(Incorporated 1917)

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### Regina Registered Nurses Association

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#### A.A., Vancouver General Hospital, Vancouver

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## ONTARIO

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## A.A., Brockville General Hospital, Brockville

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**A.A., Kingston General Hospital, Kingston**

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**A.A., St. Mary's Hospital, Kitchener**

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**A.A., Ontario Hospital, London**

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**A.A., Victoria Hospital, London**

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**A.A., Orillia Soldiers' Memorial Hospital, Orillia**

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# THE CANADIAN NURSE



A Representative Group  
at the  
Biennial Meeting

See Page 539

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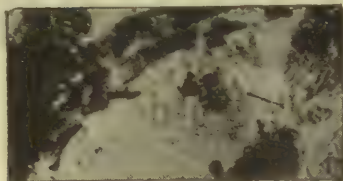
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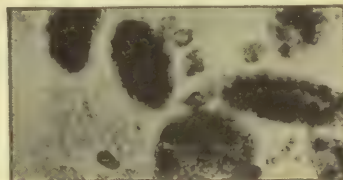
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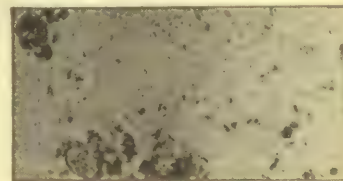
These three photographs show foods during in-vitro digestion. (100 times magnified)



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# The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

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## CONTENTS FOR AUGUST, 1942

MEETING IN MONTREAL	- - - - -	533
THE NEW PRESIDENT OF THE C. N. A.	- - - - - <i>M. S. Mathewson</i>	540
FORTY-EIGHT HOURS IN PRINCE EDWARD ISLAND	- - - - - <i>K. W. Ellis</i>	542
RESPONSE FROM THE FEDERAL GOVERNMENT	- - - - - <i>M. Lindeburgh</i>	543
A NEW LIAISON OFFICER	- - - - -	544
NOTES FROM THE NATIONAL OFFICE	- - - - -	545
A TIMELY AND GENEROUS GIFT	- - - - -	546
A CENTRAL DRESSING ROOM	- - - - - <i>Sister M. Irenaeus</i>	549
PUBLIC HEALTH NURSING IN WARTIME	- - - - - <i>-M. I. Walker</i>	551
A CASE OF ANTHRAX	- - - - - <i>C. Knaggs</i>	553
HOMEWARD BOUND	- - - - - <i>E. Lyster</i>	555
UNE VISITE CHEZ JEANNE MANCE EN 1672	- - - - - <i>C. Godboul</i>	558
THE R. N. A. N. S. ANNUAL MEETING	- - - - - <i>J. C. Dunning</i>	561
PATHOLOGICAL CONDITIONS OF THE BREAST	- - - - - <i>K. Sleigh</i>	563
IN-SERVICE EDUCATION	- - - - - <i>Sister D. Lefebvre</i>	565
NEWS NOTES	- - - - -	572
OFF DUTY	- - - - -	582

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## Reader's Guide

In the leading article we have tried to give you some idea of the eventful **Meeting in Montreal**. If we seem too lyrical, please remember that the story was written at top speed and while we were still under the spell of a memorable occasion. The Watchword was Unity. Let us hold fast to it!

---

The September issue of the *Journal* will take the form of a **Special Convention Number**. Among the many good things that it will contain are the text of the addresses given by the guest speakers; the material grouped in the official programme under the heading of "Safeguards to Nursing, Present and Future", including the report of the Committee on Education; the important reports which centered about the general topic of "Responsibilities of the Canadian Nurses Association, Immediate and Post-war"; the report of the Emergency Nursing Adviser; and the papers presented at the round table on clinical teaching. Space will not permit of listing other articles and reports of equal value and interest. You will need this *Journal* for reference during the coming months. The supply is limited so be sure you are a subscriber in good standing.

---

The photograph which adorns the cover certainly portrays **A Representative Group** assembled on a historic occasion. It includes Mlle Marie Pelletier, president of the Jeanne Mance Association, who is wearing the beautiful costume described on page 538. Then, from left to right, come Miss Fairley, president of the Canadian Nurses Association, the Reverend Mother Allard, and Miss Effie Taylor, president of the International Council of Nurses. The photograph was taken on the roof of l'Hôtel-Dieu during the reception given by Les Hospitalières de St-Joseph in honour of the Canadian Nurses Association.

Every branch of nursing service is affected by the war, especially public health nursing. **Mildred Walker** writes of the need of maintaining morale on the home front by helping the families of our fighting men to adjust to new and difficult conditions. Miss Walker is Chief of the Division of Study for Graduate Nurses at the University of Western Ontario and was recently elected president of the Registered Nurses Association of Ontario.

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In this issue, the series of "Letters from Sweden" ends with the description of an adventurous homeward journey. The *Journal* is indebted to **Elizabeth Lyster** for allowing our readers to share the experience she describes with so much charm.

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Anthrax is a relatively rare disease but **Cecilia Knaggs** who is a private duty nurse had an opportunity of observing it at close range and shares this unusual experience with our readers.

---

There was never greater need for economy than there is now and every hospital is eager to save time, money and supplies. A good way of doing this is to set up a central dressing room and **Sister Marie Irenaeus** tells us how well this has been done at St. Martha's Hospital, Antigonish, N. S.

---

"Une visite chez Jeanne Mance en 1672" is written with such delicacy and charm that it defies translation. This subtle evocation of Ville-Marie could only have been written by one who is an inheritor of the honourable tradition of Jeanne Mance and who is also thoroughly versed in the early history of the colony. Because **Mlle Claire Godbout** possesses all these qualifications she has been able to give us this delightful picture of Jeanne Mance in the evening of her life.



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A MONTHLY JOURNAL FOR THE NURSES OF CANADA  
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION  
VOLUME THIRTY-EIGHT

NUMBER EIGHT

AUGUST, 1942

## Meeting in Montreal

Montreal never looked more beautiful than it did during the last week of June. Mount Royal was a mass of living green and the gardens were a riot of colour. Under the stately elms of McGill University, the sailors of the Royal Canadian Navy went through their complicated drill and, against a cloudless blue sky, the great bombers roared by on their way overseas. The streets were gay with flags in honour of Army Week and, to mark the Tercentenary of this noble and historic city, the blue and white banner of the Province of Quebec floated the fleur-de-lys proudly in the summer air.

It was in this glorious setting that the Biennial Meeting of the Canadian Nurses Association took place and, although the war news was disquieting, the spirit of the group was confident and serene. The outstanding feature of this meeting was its unity in both a national and an international sense. Never before have the French-speaking members

of the Canadian Nurses Association taken such an active and thoroughly constructive part in its deliberations. Never before have we had the privilege of counting both the President of the International Council of Nurses and the President of the American Nurses Association among our speakers. And last but not least, we had the great pleasure of welcoming as our special guest of honour, the Right Honourable Malcolm MacDonald, High Commissioner for the United Kingdom.

A hearty welcome to the visitors was given by His Worship the Mayor, by Dr. J. C. Meakins, Dean of the Faculty of Medicine of McGill University, and by Monseigneur Olivier Maurault, Rector of the University of Montreal. Miss Eileen Flanagan, president of the Association of Registered Nurses of the Province of Quebec, offered greetings on behalf of the hostess organization, and at this point it seems appropriate to say a word about the excellence of the ar-





JULIA STIMSON

*Photo by Blackstone Studios, New York*

rangements made by the Provincial Association for the meeting. These were under the general direction of Miss Mabel K. Holt, Miss Catherine Ferguson and Miss Edna Lynch. Only those who have rendered a similar service realize how much thought and effort is required if things are to run with the deceptive smoothness that characterized the various events. A word of appreciation is due to Miss E. Frances Upton who directed registration with her customary efficiency and despatch. Much credit must also be given to the many nurses who gave assistance so ungrudgingly as members of numerous and indispensable committees. The *Journal* is particularly grateful to Madeleine Flander and the other members of the A.R.-N.P.Q. *Canadian Nurse* Committee who were "on duty" at the *Journal* desk throughout the entire week.

Now let us turn to the meeting itself. The registration was large — nearly a thousand — and every Province was

represented by its official delegates. A great effort was made to maintain at least a measure of bi-lingualism. Many of the reports were available in mimeographed form in English and French and, when concurrent translation became necessary, some linguistic marvels were performed, especially by the French-speaking members. Mlle Martineau, Mlle Gauvin, Mlle Albert, Mlle Giroux and Sister Valérie de la Sagesse rendered outstanding service in this connection. Indeed they did it so well that a member who speaks both languages fluently was heard to murmur: "The translation was much more lucid and logical than the original statement".

A tribute is also due to the English-speaking nurses who courageously wrestled with the difficulties of the French tongue. At the very outset, Grace M. Fairley set a good example by incorporating a message in French in her presidential address. The response to this friendly gesture was so spontaneous that there could be no doubt that it was sincerely appreciated. The fact that the president of the American Nurses Association, the president of the International Council of Nurses, and the High Commissioner for Great Britain also spoke briefly in French indicated that they were keenly aware of the historic setting in which the meeting took place. The distinguished French speakers who took part in the programme also displayed a similar courtesy.

Having tried to convey something of the genial atmosphere in which the sessions took place, we now offer a brief commentary on their general content. Following the precedent established in former years, the September issue of the *Journal* will contain the full text of the addresses given by the guest speakers, but just a word must be said about them here. Who can forget the dynamic presence of Julia Stimson as she told us the



inspiring story of the part that American nurses are taking in winning the war? "Swell to look at and grand to listen to" was the ungrammatical but sincere tribute paid her by a young and enthusiastic nurse. No wonder the American Nurses Association followed the Rooseveltian precedent and elected her as president for a third term. Nor could there be any doubt about the affection and respect in which we Canadians hold Effie Taylor, president of the International Council of Nurses. We claim her as *ours* by right of birth and we rejoice that her noble and generous spirit guides the I.C.N. during this time of storm and stress for we know that her steadfast faith will never fail or falter.

At one of the evening sessions, Dr. Albert LeSage, Dean of the Faculty of Medicine of the University of Montreal, spoke of the close affiliation of the artist, the sculptor, and the biologist in their interpretation of the deeper meaning of life. Dr. LeSage made effective use of slides showing outstanding work of the modern French school of painters and sculptors and touched on the genius behind the architecture of famous cathedrals. This masterly address was in itself an expression of the noble and cultivated personality of the speaker.

There were several delightful things about the address given by the High Commissioner for the United Kingdom. To begin with, it was given at a ban-



*Unveiling of the bronze plaque erected in Notre-Dame Church, Montreal, in memory of Jeanne Mance by the Association of Registered Nurses of the Province of Quebec*



RT. HON. MALCOLM MACDONALD

*Photo by Karsh, Ottawa*

quiet which turned out to be quite a gay affair. Mr. MacDonald was ushered in by the skirl of the bagpipes and escorted Grace M. Fairley, as true a Scot as himself. He has the happy knack of establishing immediate contact with his audience and, as he told the gallant story of the heroism of British civilian nurses, it was easy to understand why he made such an excellent Minister of Health. Mr. MacDonald has a clear conception of the practice of nursing and he likes and respects nurses. He knows that nursing is not yet a profession but he is sure that it will become one and he set a high mark for us to aim at.

In September, the *Journal* will also present the comprehensive reports around which most of the proceedings seemed to focus. First and foremost was the report prepared by the Emergency Nursing Adviser, Kathleen W. Ellis, which described her recent activities.

This was supplemented by the report presented by her French associate, Mlle Suzanne Giroux, and further amplification was provided by the various provincial advisers. Of equal value was the report of the Committee on Education, presented at a special session by Marion Lindeburgh and other speakers who contributed under different headings to the discussion. Among them were Ruth Thompson, on schools of nursing records; Miriam Gibson, on uniformity in examinations for registration of nurses; M. Blanche Anderson, on postgraduate clinical experience; Rae Chittick, on modernizing the Manual on Home Nursing; Margaret Kerr, on additional teaching material for first-aid instruction; Norena Mackenzie, on the administrative problem; M. Jean Wilson, on clinical teaching and supervision; Madalene Baker, on preparation for the general practice of nursing. Almost all of the problems which came up for consideration at the general meetings seemed to be related to, or to stem out of these reports and the discussion arising out of them. This integration was most significant and goes to prove that nursing service and education are one and indivisible.

Great interest was displayed in the interim report of the special committee on health insurance and nursing service presented by Alice Ahern. The text of the authorized Brief presented to the federal authorities in this connection will be available in the September number. The preparation and placement of auxiliary workers in wartime nursing service proved to be a lively topic. Those participating in its presentation were Fanny Munroe, M. Blanche Anderson, Eileen Flanagan and Evelyn Mallory. The importance of maintaining close co-operation with the Canadian Red Cross Society was stressed repeatedly and Miss Norena Mackenzie, nursing



supervisor, Canadian Red Cross Society, made some interesting comments on her activities in the field. Miss A. Edith Fenton, recently appointed as nursing adviser to the Ambulance Committee of the St. John Ambulance Brigade, expressed the hope that the excellent relationship now existing between the Canadian Nurses Association and the Order will be maintained and strengthened.

In order to save time, it was found necessary to hold the meetings of the three Sections concurrently. It is to be hoped that, somehow or other, this unsatisfactory compromise may be avoided in future. The meetings of each Section should be so planned as to make it possible for the members of the other Sec-

tions to attend. All we managed to get was a tantalizing glimpse of the three-ring circus, so we shall have to wait until the manuscripts come in — and even then we shall not have had the benefit of the informal discussions. As Miss Stimson told us, the Canadian Nurses Association is extremely fortunate because it embraces all branches of nursing service. Let us make sure that the Sections can “listen-in” on each other. Programme Committee for 1944, please note!

In a very special sense, this Biennial Meeting was profoundly significant to those whom Mr. MacDonald spoke of as “Jeanne Mance and her inheritors”. The afternoon spent at the Hotel-Dieu as the guests of the Reverend Mother



*Reception on the roof at l'Hotel-Dieu*



*Rev. Soeur Valerie de la Sagesse and  
Nursing Sister S. Giroux*

Allard and les Hospitalières de Saint-Joseph was a living page in the history of nursing in Canada. As we entered the Cloister gate and walked through the garden to the museum the centuries faded away and we found ourselves in the colony of Ville-Marie. All about us were the treasures of another world than ours—lovely pictures, exquisite embroidery, delicate china—lovingly cherished, beautifully displayed. Priceless manuscripts were there for us to read, among them a letter from Jeanne Mance herself, much more precious to us as nurses than even the Charter of the Hotel-Dieu, signed by Louis the Fourteenth in his own royal hand. The old bell, once used as an alarm when the Iroquois threatened the hospital, still hangs in the cloister and the Reverend Mother set it vibrating gently as the President of the International Council of Nurses and the President of the Canadian Nurses Association stood beneath it. As will be seen by the accompanying illustration, tea was served on the roof of the Hospital. Everywhere you will note the gracious figures of the French-speaking nurses, wearing the costume of Jeanne Mance. These dresses were made of soft grey silk, with very

full skirts and close fitting bodices. The white capes were made of the same material as the cap, and were worn with characteristic grace and distinction.

As in other years, the Sunday preceding the General Meeting was devoted to religious services. In the evening, those of us who belong to the Protestant faith assembled at Christ Church Cathedral for Evensong and heard a most inspiring message from the Very Rev. Dean Dixon. In the morning, a Pontifical Mass was celebrated at the Church of Notre-Dame, one of the oldest parishes in Montreal, to which Jeanne Mance herself belonged. The many stained glass windows portray the exploits of the pioneers and one is specially dedicated to her memory. At the appointed hour, a glorious burst of music came from the organ and the strains of "Land of Hope and Glory" rang out in triumph. The procession of ecclesiastical dignitaries, robed in magnificent vestments, was most impressive and, as the Mass reached its climax in the Elevation of the Host, a solemn hush pervaded the whole church. At the conclusion of the service, the procession paused before the Jeanne Mance window and a memorial plaque immediately beneath it was consecrated by His Excellency, Mgr. Joseph Charbonneau, Archbishop of Montreal. This ceremony was witnessed by the Rev. Mother Allard, the President of the Canadian Nurses Association, the Matron-in-Chief in Canada of the Nursing Service of the R.C.A.M.C., and the president of the Association of Registered Nurses of the Province of Quebec. The plaque is both beautiful and dignified and was sculptured in bronze by Alice Nolin. It shows Jeanne Mance in profile and was the gift of the Association of Registered Nurses of the Province of Quebec.

Elsewhere in this issue of the *Journal* you will find a delightfully imaginative



sketch written by Mlle Claire Godbout. It tells of a visit paid to Jeanne Mance in 1672 by Monsieur Dollier de Casson and of her emotion when she was told that one of the five foundation stones of the new church, then under construction, was to be laid by her, in the name of the Gentlemen and Ladies of the Society of Notre-Dame of Montreal of which she was the only surviving representative. Two hundred and seventy years later her own name was to be honoured by thousands of Canadian nurses in the great Church which replaced that earlier structure.

After reverently inspecting the memorial plaque, the vast congregation trooped out into the sunshine which flooded the Place d'Armes, and nurses in their gay summer dresses went over to look at the Maisonneuve statue. The steps of the Church were crowded with nuns wearing the distinctive habit of many religious orders. In the background were the ancient grey walls of the monastery of the Gentlemen of St. Sulpice. It was in this Church that Jeanne Mance prayed that her heart should find eternal rest. Where the treasure is, there shall the heart be also.

Another scene that will long be remembered, especially by those who took an active part in it, was the conferring of the Mary Agnes Snively Memorial Medals. These were presented on behalf of the Canadian Nurses Association to Grace M. Fairley and E. Frances Upton by Elizabeth L. Smellie, C.B.E., R.R.C., LL.D., first vice-president of the Association. Miss Smellie spoke with deep feeling of the inspiring example set by the woman in memory of whom the Medal has been named. A storm of applause greeted each recipient as she stepped forward to receive the highest honour which the Association can confer upon its members. There was much regret that Eleanor McPhedran was



EILEEN FLANAGAN

*President, Association of Registered Nurses of the Province of Quebec*

*Photo by Rice, Montreal*



ALENA J. MACMASTER

*Retiring Honourary Treasurer of the Canadian Nurses Association*

not able to be present but it was explained that, on her way to Montreal, the President of the Canadian Nurses Association had presented the medal to Miss McPhedran in Calgary at a delightful social function arranged under the auspices of the Alberta Association of Registered Nurses.

All things must come to an end and, after a crowded and most inspiring week, the meeting drew to its close. Grace Fairley clasped hands with Marion Lindeburgh thereby relinquishing the joys and sorrows of her high office to her successor. The first official act of the new President was to pay a sincere and moving tribute to her predecessor. Miss Lindeburgh said that, throughout her four years of office, Grace M. Fair-

ley had never failed to give generously of her best. She richly deserves the Snively Medal for she has displayed insight, wisdom and tolerance. Her diplomacy and tact as well as her unfailing optimism and humour were of infinite value during a trying and critical period. The other officers then took their places on the platform amid enthusiastic applause. They are Grace M. Fairley, past president; Marjorie Buck, first vice-president; Fanny Munroe, second vice-president; Rae Chittick, honorary secretary; Marjorie Jenkins, honorary treasurer. Under their capable direction, the Canadian Nurses Association will go forward with confidence and hope along the steep upward path which lies before us.

— E. J.

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## The New President of the C.N.A.



MARION LINDEBURGH

*Photo by Jacoby, Montreal*

On June 26th, 1942 at the General Meeting in Montreal, Marion Lindeburgh was installed as the new President of the Canadian Nurses Association.

Miss Lindeburgh is known in all parts of Canada for her work in the field of nursing education, but it is above all as a person that she makes a lasting impression upon all who are fortunate enough to work or play with her. Her early years were spent in Saskatchewan where she became a successful teacher before entering the School of Nursing of St. Luke's Hospital in New York City during the World War in 1916. From the beginning, her enthusiasm, her willingness to work and her teaching experience marked her as a potential leader. She graduated in 1919 and served St. Luke's successively as head nurse on the medical and surgical wards before her appointment as night superin-



tendent, a position which she held for two and a half years.

Miss Lindeburgh then returned to Saskatchewan to pioneer in the field of school health work, at first in the grade schools and later in the Normal School at Regina as instructor in health. Her experience, her understanding of the rural teacher's problems and her knowledge of conditions in rural schools and homes, made her work particularly effective. Not a few nurses in Canada today trace their first interest in nursing to their contact with Miss Lindeburgh as normal school students or as young teachers in the field. For her, the end of term did not mean freedom from work, but rather an opportunity to get into the schools to help the teachers already in the field. One particularly memorable summer was spent in making a survey of health conditions in the remote northern part of Saskatchewan. Her experiences during that time, when she travelled for weeks by canoe with an Indian guide as her only companion, would outrival a Hollywood "thriller".

During those busy years, an ability to work while she worked and play while she played, enabled her to make the best use of any leisure time. In the winter, badminton of tournament calibre kept her in form while in summer, as a member of the Alpine Club, she rode the trails and mastered the stiffest climbs in the Rockies. To this day she can recount with all the requisite pantomime the effects of the first few days out! The end of the season found her long of wind, hard as nails and brown as an Indian, ready for another year of strenuous work. Those weeks on the summits and in the valleys may have some bearing on her ability to take the long view in nursing as in other matters.

In September 1929 Miss Harmer, who had known Miss Lindeburgh at St. Luke's, was able to persuade her to

leave the West and to join the staff of the School for Graduate Nurses at McGill University. Never satisfied with half measures, Miss Lindeburgh set about preparing herself for her new work and in spite of her teaching schedule, completed the requirements for the Bachelor of Science Degree which she received from Columbia University in 1932.

After the presentation of the Weir report at the St. John meeting in 1932, Miss Lindeburgh was named chairman of the Curriculum Committee of the Canadian Nurses Association. A period of four years elapsed before the "Proposed Curriculum for Schools of Nursing in Canada" was published as a goal toward which nursing schools are still striving.

The organization of the Curriculum Committee to include representatives of all provinces and of each field of nursing service marked a turning point in educational planning for out of this experience grew the framework for the permanent Committee on Nursing Education which replaced the original Curriculum Committee. As the first chairman of the Committee on Nursing Education, Miss Lindeburgh strengthened the earlier work on the undergraduate curriculum by the publication of a supplement which emphasized the improvement of teaching in the clinical field.

When Miss Harmer died in 1934, Miss Lindeburgh assumed responsibility for directing the McGill School for Graduate Nurses during a very difficult time in its financial history. In spite of the tremendous volume of work involved in this task, time was found for holding office in the Canadian Nurses Association, securing a Master of Arts degree from Columbia University and contributing to innumerable refresher courses from coast to coast. It is diffi-

cult to decide whether her greatest influence is as an inspiration to countless students in emphasizing the need for "quality nursing" and "the patient point of view", or through the committee work which has been a very vital force in raising the standard of nursing education and nursing service in Canada.

A brief sketch of this nature can only suggest the qualities which the new President brings to the task which she shares with the other members of the Executive Committee, that of directing the course of professional nursing in

Canada during the next two years. Suffice it to say that in taking her place in the lengthening line of outstanding women who have shaped the policies of the Association, Miss Lindeburgh brings not only rich experience and proven ability for leadership but boundless energy, a fine faith and indomitable courage as well. At a time when hard-won standards must be maintained in addition to building new strengths for the future these qualities take on added significance.

MARY S. MATHEWSON

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## Forty-Eight Hours in Prince Edward Island

Having been duly advised by the representatives from Prince Edward Island that a visit to "the Island" might be restful rather than eventful, the invitation to pay one following the activities of a biennial convention was secretly welcomed by the Emergency Nursing Adviser before taking up sterner duties that stemmed out of the deliberations of the week of June 21.

After two very interesting days spent in Pictou at a joint meeting of the Maritime Hospital Associations, now one organization, the Adviser drifted pleasantly across the Northumberland Straits. Plans made by the energetic President of the Prince Edward Island Registered Nurses Association, Miss Katharine MacLennan, and the Provincial Adviser, Miss Anna Bennett, included a visit to the Principal of the Prince of Wales College and a more formal one to the Premier of the Province and his Executive Committee. All of these dignitaries listened graciously to the presentation of conditions affecting nursing service in the present crisis. They assured the delegates of their sympathetic

support and expressed appreciation of the replies given to some of their pertinent inquiries regarding contributions made to date by the nurses of Prince Edward Island. The Deputy Minister of Health signified his interest by accompanying the delegation and endorsing the picture which they presented.

Sandwiched in between these visits was one made to the historic Federation Chamber. Here, as a representative of the Canadian Nurses Association, the Adviser was invited to sign in the book provided for the signatures of Their Majesties the King and Queen when they visited Canada, and with the pen which they used. Both book and pen now only appear by special arrangement.

In the afternoon a delightful visit to Government House was included. Addresses were given in the afternoons and evenings of both days, at Charlottetown and Summerside respectively. These afforded opportunities to meet lay groups, representing leading organizations, and professional ones. The Adviser was privileged to speak at a meet-



ing of the provincial medical association and to suggest the importance of close co-operation between doctors and nurses in the present crisis. It was also made possible to give a radio broadcast on the second morning and courtesy visits were paid to the three schools of nursing on the Island, when the Adviser was most cordially received. An air raid precaution practice at Summerside was an unexpected but interesting experience.

Luckily for the Adviser this "un-eventful visit" was followed by two days' rest so definitely invited by the alluring surroundings. Kind friends

made sure that they shared with her "sun and fun on the sands", a visit to a famous fox farm, the notorious magnetic hill and other beauties of this England of Canada—the Cradle of Confederation. Preparations for this visit indicated true interest and inspiring leadership that assuredly nurses on the Island appreciate and are prepared to follow, as they readily supported a program that may well serve as a challenge for further developments.

KATHLEEN W. ELLIS  
*Emergency Nursing Adviser  
Canadian Nurses Association*

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## Response from the Federal Government

The welcome news has just been received that the Federal Government has made a grant of \$115,000 to encourage and aid efforts to meet urgent requirements for providing adequate national nursing service. This grant is the response to an appeal made to the Government by the Canadian Nurses Association in November of last year.

The Canadian Nurses Association is sincerely grateful to the Honourable Ian MacKenzie, Minister of Pensions and National Health, and to the members of his Department, for a most courteous hearing and for the invaluable advice and assistance that has been freely given to the delegates of the Association who on several occasions have been afforded the privilege of conferring with them. The Minister has manifested a clear comprehension of the existing national nursing crisis and of its possible effect upon the health and welfare of the people of Canada. There can be no doubt that this sympathetic and understanding attitude on the part of the Minister had

a great influence in this grant being made.

It will be understood that, at this stage in the proceedings, full details of the conditions under which the money will be distributed cannot yet be announced. The fund will be administered, on the approval of the National Director of the Public Health Services of the Federal Government, through the Canadian Nurses Association. This trust places a heavy responsibility upon our members since no sum, however large, could possibly meet every legitimate need. It will be necessary that a careful study be made in order to determine the allocation of funds and, in this study, the Provincial Associations of Registered Nurses will be expected to participate.

The Federal Government may be assured that we, the members of the Canadian Nurses Association, are both ready and willing to do everything in our power to show our appreciation of this timely help. We accept with courage

and confidence our share of the task of providing skilled and competent nursing care for the people of Canada. Never before have the nurses of Canada received such recognition of their contribution to national service. The Federal Government has demonstrated its faith in their competence and ability to serve.

Therefore, in accepting this assistance they do so with the assurance that all nursing organizations will realize the responsibility placed upon them and the definite challenge that it presents.

MARION LINDEBURGH  
*President*

*The Canadian Nurses Association.*

## A New Liaison Officer

Announcement is made of the appointment of A. Edith Fenton as secretary to the Ambulance Committee of the Saint John Ambulance Brigade. Miss Fenton will act as advisor to the Ambulance Committee on all nursing problems and will help to maintain contact with the Canadian Nurses Association. She is a graduate of the School

of Nursing of the Hospital for Sick Children, Toronto, and subsequently took a course in public health nursing in the Toronto University School of Nursing. After serving on the staff of the Public Health Department of Toronto, Miss Fenton was associated for two years with the work of the Massachusetts-Halifax Health Demonstration which did so much to repair the ravages of the disaster which wrecked Halifax during the first Great War. In 1925 she was appointed superintendent of the Dalhousie University Public Health Clinic, a position which she held until shortly before her present appointment was made. Miss Fenton has taken an active part in nursing organizations and has held office in various capacities in the Registered Nurses Association of Nova Scotia. She is fond of out-door sports and has many interests outside the professional field.



A. EDITH FENTON

*Photo by Karsh, Ottawa*

The St. John Ambulance Brigade is to be congratulated upon appointing a well prepared nurse to act as liaison officer between the Order and the nursing profession. We shall thus be able to work more effectively together for the safety and protection of the Canadian people.



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## General Meeting 1942

The news story of the Biennial Meeting of the Canadian Nurses Association appears in this issue of the *Journal* and gives the highlights of this most successful event. The September number will contain the full text of the principal addresses and reports as well as a summary of various important recommendations.

The officers elected for the biennium 1942-1944 are: President, Miss Marion Lindeburgh, Director of the School for Graduate Nurses, McGill University, Montreal; First Vice-President, Miss Marjorie Buck, Superintendent, Norfolk General Hospital, Simcoe, Ontario; Second Vice-President, Miss F. Munroe, Superintendent, School of Nursing, Royal Victoria Hospital, Montreal; Honourary Secretary, Miss Rae Chittick, Instructor in Health Education, Provincial Normal School, Calgary, Alberta; Honourary Treasurer, Miss Marjorie Jenkins, Superintendent, Children's Hospital, Halifax, Nova Scotia.

The officers of the three National Sections are: *Hospital and School of Nursing Section*: chairman, Miss Miriam Gibson, Instructor, School of Nursing, Hospital for Sick Children, Toronto, Ontario; first vice-chairman, Miss E. G. McNally, assistant superintendent, Brandon General Hospital, Brandon, Manitoba; second vice-chairman, Miss Martha Batson, Instructor, School for Nurses, Montreal General Hospital, Montreal, Quebec; secretary-treasurer, Miss Flora MacLellan, Instructor of

Nurses, Ontario Hospital, New Toronto, Ontario. *General Nursing Section*: chairman, Miss Madalene Baker, London, Ontario; first vice-chairman, Miss Pearl Brownell, Registrar, Doctors' and Nurses' Registry, Winnipeg, Manitoba; second vice-chairman, Miss Mabel McMullen, St. Stephen, N.B.; secretary-treasurer, Miss Agnes Conroy, 404 Regent St., London, Ontario. *Public Health Section*: chairman, Miss Lyle Creelman, Director, Public Health Nursing, Vancouver, British Columbia; vice-chairman, Miss A. Martineau, école d'Hygiène sociale appliquée, Université de Montréal; secretary-treasurer, Mrs. Geraldine Langton, Department of Nursing, University of British Columbia, Vancouver, British Columbia.

## British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

### *British Columbia:*

Victorian Order of Nurses, Oliver \$ 7.00

### *Manitoba:*

Brandon Graduate Nurses Association .....	200.00
General Staff Nurses, Winnipeg	
General Hospital .....	50.00
Registered Nurses of Souris .....	86.00
Nursing & Medical Staff,	
King George Hospital .....	30.10
The War Amputations of Canada ..	15.00
Sheas Winnipeg Brewery Limited ..	100.00
A. A., Winnipeg General Hospital	206.55
Misericordia Hospital .....	40.13
A. A., Victoria Hospital .....	8.50

Flin Flon Graduate Nurses Association .....	25.00	Nursing Sisters, Toronto Military Hospital .....	23.00
A. A., St. Boniface Hospital .....	29.50	Staff Nurses, Toronto Hospital, Weston .....	8.50
Individual donations from nurses of the Province .....	42.75	Professional Women's Association, War Charities Committee, Toronto Hospital, Weston .....	25.00
<i>Nova Scotia:</i>		Graduate Staff, Hospital for Sick Children, Toronto (city and country branch) .....	30.00
Halifax Group, Royal Victoria Alumnae .....	2.25	Superintendent of Nurses and Supervisors, Toronto East General Hospital .....	8.50
Halifax Branch, R.N.A.N.S. ....	14.75	District 6: Peterborough nurses .....	15.25
Lunenburg Co. Branch, R.N.A.N.S. ....	10.00	A.A., Ross Memorial Hospital, Lindsay .....	7.00
<i>Ontario:</i>		District 8: A.A., St. Luke's Hospital, Ottawa .....	160.00
District 1: Student Nurses, Sarnia General Hospital .....	10.00	District 9: Individual contributions .....	2.00
Districts 2 and 3: Nursing Staff, Stratford General Hospital .....	34.00	Nurses of District 9, New Liskeard .....	150.00
District 4: Student Nurses, Niagara Falls General Hospital .....	47.00	District 10: Nurses of Fort William Sanatorium .....	10.00
District 5: A.A., Toronto General Hospital (for May, July, August) .....	525.05	Nursing Staff, Little Long Lac Hospital, Geraldton .....	12.00
A.A., Toronto East General Hospital .....	25.00	<i>Prince Edward Island:</i>	
A.A., Royal Victoria Hospital, Barrie .....	40.00	Prince Edward Island Hospital .....	30.00
Miss Beatrice Longstreet & group of nurses .....	12.00	Prince County Hospital .....	30.00
Matron & Nursing Sisters, Military Hospital, Camp Borden .....	20.50	<i>Quebec:</i>	
Nursing Sisters, Toronto Convalescent Hospital .....	10.00	A.R.N.P.Q. ....	1000.00

## A Timely and Generous Gift

Within the past few weeks the directors of several Departments and Schools of Nursing in Canadian Universities were both surprised and delighted to receive the following letter from Mr. Emory Morris, director of the W. K. Kellogg Foundation, Battle Creek, Michigan, U.S.A.:

The Foundation has been studying the problems in nursing schools created by the war effort and is desirous of assisting selected schools in preparing additional nurses whose services will be available principally for the various military services. We

are familiar with the type of assistance that has been provided by the United States Public Health Service to nursing schools. We are not quite as well acquainted with the problems and programs in Canada. Our Canadian friends, however, have advised us that students in the Canadian schools face problems similar in every respect to those on this side of the border. Our interest is primarily in the student who needs a loan or scholarship to enter or maintain herself in a school of nursing. We believe that it is a matter of great importance to the nation that the present stream of professional women in nursing be maintained at a maximum.



The Foundation is, therefore, offering a grant of \$4,000 to your school of nursing to be used for loans or scholarships for nursing students. Conferences with the deans of nursing schools reveal many differences in the needs of nursing schools and some differences of opinion as to the relative merit of student loans and scholarships. We are trying to make these funds as valuable to you in your own situation as we possibly can. We feel that loan funds will help the greatest number, however, we would be willing to have you utilize not to exceed \$1,000 of this amount for scholarship funds if you care to so specify.

Funds granted by the Foundation under this plan will be in the nature of a gift to the school and will not be returned. Loan funds should be set up and payments on the loans made to the school, thus providing a continuing or revolving fund. The Foundation is satisfied to leave the matter of scholarships entirely in the hands of the school to use whatever machinery is customary and proper. We would have nothing to do with the selection or approval of the candidates. We would, however, ask that we be furnished with a brief summary of the individual's qualities and circumstances after the scholarship has been awarded.

We would, of course, expect the scholarships to be granted on the basis of scholastic ability, character, and need in comparison with other applicants. It is our hope that money so used will be chiefly for the purpose of encouraging exceptional students otherwise unable to enter the field of nursing. This would mean that preference would be given to first-year scholarships. Assistance might also be given to pre-nursing students whose admission has been approved. The only restriction we would place on the fund would be that scholarships should not amount to more than \$300 to any one student in any year.

Money set aside for loan funds would be governed by the usual procedure at your school. We would request, however, that should interest be charged for these loans it not exceed  $2\frac{1}{2}\%$  per annum.

Should this offer prove to be of value in the special circumstances at your school, a

formal application should immediately be made to the Foundation. This should be signed or endorsed by the president of your university. It should: (a) state the amount of your request up to a total of \$4,000; (b) state exactly how the check should be made out; (c) specify the proportion of the total you will set aside for loan funds and the proportion for scholarships (not to exceed \$1,000); (d) contain a brief statement of the conditions under which loan and/or scholarships will be granted; (e) contain a statement agreeing to furnish the Foundation with the name and a brief case history of each individual receiving a scholarship; (f) include a statement of the number of nursing students now receiving aid from university loan or scholarship funds; the maximum, minimum, and average amounts of these loans or scholarships; and the total amount now available for these purposes.

It is recognized that a grant of this size is not sufficient to take care of the problem for the duration. It is hoped, however, that it will be large enough to tide your students over the immediate period of adjustment. Perhaps the example of the Foundation's aid can be used to stimulate other individuals and organizations to help with this serious problem in this time of great national emergency.

We will ask you sometime after the first of September to give us another report on your problems in this connection. Should circumstances warrant such action at that time, the Foundation may be able to extend further assistance along this same line. The Foundation will not be able to assist in problems of institutional financing. Our interest is limited to the subject of student aid. In the meantime, if you have special situations that you would like to call to our attention, do not hesitate to do so.

You may be interested to know that the Foundation has made this or a similar offer to nearly 115 schools of medicine, dentistry, and public health in this country and Canada. I need not urge you to reply promptly if your school is interested.

We stand in due need of financial help in preparing our young nurses for leadership and the value of this gener-

ous and timely gift is so great that it merits and will receive the ardent appreciation of the nursing profession. The W. K. Kellogg Foundation has followed the noble example set by similar insti-

tutions in the United States in extending its benefits to Canada. We welcome this tangible proof of American friendship and we offer the Foundation our most profound and sincere gratitude.

### A Bright Idea

This is how one group of nurses plans to solve the shortage of nurses in their local hospital. In response to the appeal made by the Provincial Association, a large number of inactive nurses met to discuss the problem and consider how best it could be dealt with at the Kootenay Lake General Hospital, Nelson, B. C. You will realize that the difficulties of leaving a home and small children are many. The present hospital schedule makes it necessary to be absent from 6.30 a.m. until 7.30 p.m. the two hours leave during the day being of no value to those living at a distance. Such a routine would be impossible to all of us but many feel they could arrange for a daily period of four hours — perhaps more or less according to hospital needs. A fee of fifty cents an hour with no maintenance was agreed upon, and any meals required are to be paid for at the rate of thirty-five cents which is granted to special nurses.

No sliding scale of wage was considered as an inducement for full-time employment, since that is not our wish, and the hospital already offers its own monthly rate which any nurse may accept if she so desires. It is requested that no call be made for less than two hours or more than eight consecutive hours in twenty-four. In the event of emergency, such as air raid or epidemic, our services would be placed at the disposal of the Red Cross and the medical authorities but, in present conditions, which may pre-

vail over a long period, only a portion of time can be spared from our homes and families.

The hourly duty nurse will make it possible for the hospital to operate with a skeleton permanent staff, whose duties may lighten from time to time, and thus easily and quickly adapt its services to fluctuations in ward work. Since we require no maintenance, holidays, sick leave, or hospitalization, unless through accident or illness directly due to our duties, hourly duty nursing would appear to be an economical solution to a difficult situation.

We have at present fourteen nurses who are prepared to work under this scheme, thus assuring a daily service of fifty-six hours, and we are confident this can be greatly increased from the large pool of nurses in this district. We are all graduates, registered or resigned in good standing who, though inactive for various periods of time, we know will give much better care to the sick than inexperienced ward aides.

Not only as nurses do we feel called upon to answer this appeal for assistance but also as citizens of Nelson we believe it is imperative to maintain the high standard of this institution so vital to our community.

CHARLOTTE HOMERSHAM

(née, Charlotte Collins)

*Graduate of the School of Nursing  
of the Kootenay Lake General Hospital,  
1923.*

### A New Appointment

Miss Olive Waterman has recently been appointed superintendent and director of nursing education in the McKellar General Hospital, Fort William, Ont. Miss Waterman is a graduate of the School of Nursing of the Nicholls Hospital, Peter-

borough, and has had considerable experience in both administration and teaching. For eight years she rendered excellent service as superintendent of the Soldiers Memorial Hospital at Orillia. Her former colleagues and her many friends wish her all success.



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# HOSPITALS & SCHOOLS of NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## A Central Dressing Room

SISTER MARIE IRENAEUS

At St. Martha's Hospital, Antigonish, plans have been carried out to convert the central linen room into a central service. A spacious room 29 x 14 x 12 ft. is situated conveniently to the surgical floor and is on the second floor in the main building. As you enter, your progress is impeded by a counter which is four feet high and has a ledge about one foot wide. The main purpose of this counter is to serve students and doctors with their requirements, and to prevent over-crowding of the room. A long window faces the west and the north and, on your left, there are two divisions of open shelves with closed cupboards above; each division is comprised of five long shelves, which are subdivided into sections according to equipment. On your right, a portion of the wall space is utilized in a large cupboard in which the stock solutions and supplies are kept. The autoclave is in the centre and, in the northwest corner, we have a large sink. A long work table runs the entire length of the room with just enough available space to pass at either end; this has cupboards and drawers which provide for the storage of sterile towels, oil silk, syringes, compress basins, etc. Near the east wall we have the oxygen tank, Tomac evacuator, and a small instrument sterilizer. The sur-

gical carriage is placed on the south side, while on the east we have the supervisor's desk.

Central service is not a new idea by any means, but for us it was a new venture, and we had our occasional skeptic and scoffer at the beginning. We have had an abundance of cooperation from the superintendent, doctors and nurses, without which no idea, however sound or impregnable, can live. We would like now to give a brief resumé of the equipment carried by this department:

*Surgical Section:* 5 surgical dressing trays (12 packs); 2 suture trays (12 packs); 1 suturing tray (1 pack). Clip removers and applicators are kept in a solution of lysol and alcohol and when necessary placed in a surgical or suturing pack.

*Veinocolosis Section:* 2 intravenous trays (7 packs); 1 blood transfusion tray (1 pack); 1 Neo-Salvarsan tray.

*Treatment Section:* 2 catheter trays (8 packs); 2 bladder irrigation trays (2 packs); 2 stupe trays; 1 burn-treatment tray; 6 ether trays; 6 douche trays.

*Special Treatment Section:* 1 spinal puncture tray; 1 aspirating tray; 2 eye irrigation trays; 2 ear irrigation trays; 1 nasal packing tray; 2 nasal feeding trays.

*Miscellaneous Section:* Steam inhalators; hot packs (body or limb); rubber goods and oil silk; hot water bags; ice caps; ice col-

lars; air rings; binders; laparotomy stockings and O. R. caps.

We have noted in our hospital that, as most of our extensions are applied in the rooms or wards, it is more convenient to get the Buck's extension apparatus from this department. Plaster bandages and metal splints are usually applied in the operating room.

We supply all the departments of the hospital with the exception of the operating room and the obstetrical department as these are independent units. We carry a staff of supervisor, three senior nurses and a probationer when possible. Two nurses and the probationer work the 7-3 shift while the third senior works the 3-11 shift alone. We arrange that there will be somebody present at all times, and we can say without boasting that we have given excellent service to doctors, patients and staff.

The supervisor is responsible for the supervision of all work of the staff, such as dressings, treatments, care of goods, preparation of intravenous solution, and the initiating of new students as they come in. For the first two weeks the senior nurse who is on duty from 7 a.m. to 3 p.m. has charge of the junior nurse in doing small dressings, irrigations and compresses that do not require constant supervision. She is also responsible for doing dressings with doctors. For the first two weeks of the 7-3 shift, the junior nurse accompanies the interne in doing dressings, intravenous or other treatments. At the end of the first two

weeks the order is reversed and the junior goes with the doctors while the senior assumes her responsibility. The probationer fills out floor supplies, solutions, and helps with the care of the instruments. She is taught to handle sterile supplies and becomes more conscious of her technique when she is permitted to give treatments herself. The 3 to 11 nurse has general responsibility for everything after 7 p.m. The nurses following this schedule look after all compresses to operative incisions. It is also their responsibility to do all sterile preparations for surgery, but they are not responsible for the unsterile preparations.

We know the word itself is ominous but what report would be complete without the statistics? Now briefly, let us compare the figures on the decentralized and central systems.

<i>Decentralized System</i>	<i>Centralized System</i>
1939-40	1940-41
86 rolls adhesive	54 rolls adhesive
100 rolls cellulose	54 rolls cellulose
90 rolls gauze	54 rolls gauze
75 gallons lysol	26½ gallons lysol
2 gallons alcohol	1 gallon alcohol

Many more instances could be cited of the wonderful economic value of this tried system, but apart from this, it has proved to be of untold educational worth. The students have learned much that will be of considerable help to them as they move on to take their place in the operating theatre.

### Special Convention Number!

The September issue of *The Canadian Nurse* will be a Special Convention Number, twice the usual size, and will contain the addresses and reports given at the Biennial Meeting of the Canadian Nurses Association.

You just can't afford to miss it — so make sure that you are a subscriber in good standing or else renew immediately. The supply is limited!



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# PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

## Public Health Nursing in Wartime

MILDRED I. WALKER

In war as in peace, the aim of public health nursing is to assist the family as a unit to achieve maximum health and to maintain self-dependence. The method of achieving this objective is changed however in a nation at war. Therefore it is wise to review our program frequently and carefully to meet adequately the new needs of the family and individuals.

In Canada, in peacetime, the family unit, our smallest democracy, was fairly stationary and stable so that in an established health program the nurse could predict her services to a reasonable degree. But in time of war, in addition to the percentage of the population who are carrying on established activities, we have in our country today many families and individuals who are constantly moving and are attempting to find space to live in congested areas where there are housing shortages and inadequate services in other ways. These are the families who wish to reside near the father and husband in the fighting forces or in war industries. Because of the lack of a fixed abode, conflict and insecurity is created in the members of the family. It also causes school health services to be overtaxed and even disrupted due to the turnover in the population. The efficiency of a disease pre-

vention program is unpredictable because it is difficult to know those who are susceptible in these changing groups and to make plans for immunization and health education. Due to their short stay in the community, many of them are unable to benefit by services offered by the municipality to permanent residents. Also, living near military camp areas, are large numbers of young mothers of future Canadian citizens who require health supervision.

Solidarity of the family is essential to the morale of the father who has enlisted in the military service for the defence of his country and his loved ones. The valiant wives and mothers in these homes are endeavouring to solve their problems alone where formerly the husband and wife solved them together without help from outside the family unit. The public health nurse has, along with her health teaching, a notable service to offer in wise guidance and counselling so that the letters reaching the husband, many days and weeks distant, will be full of cheer and courage. These families must be made aware of the facilities available and the nurse in her educational program must create in them a desire and a felt need for the services she has to offer.

It is essential to the morale of the

fighting forces to be assured of ample supplies and, therefore, the very highest efficiency is required in our war industries. The public health nurse, in the industrial plant and in the community, must know the twenty-four hour schedule of the households from which come these men and women who must work with continued precision and endurance along the assembly lines. The family health program should provide for ample rest, recreation, good nutrition, and a minimum of conflict in the plant and in the home. It must also include a carefully worked out plan of child care for which a knowledge of home conditions learned through home visiting is imperative, whether the mother is in the home or in industry.

As health and economy are two of our strong weapons in a successful war effort, we must be ready and willing to realign community services objectively so as to stretch them to the fullest capacity to meet new and changing needs. At the same time, we must safeguard standards, especially in the quality of the professional services offered and the nurse must have qualifications

comparable to the functions required of her. It is also economical to apply the techniques of inter-agency co-operation in family service and it has been suggested that public health agencies should amalgamate to the extent of having only two agencies in the community; one private and one public agency. If this is not feasible, then let us plan our services around the individual or the family as a whole, discontinuing as far as possible the former custom of dividing them up chronologically, or according to diseases or handicap, which is so wasteful of much needed resources unless the jig-saw puzzle of agencies fits smoothly. This is more easily done on paper than in an actual life situation. The question to ask ourselves is: "does it work to the best advantage of all concerned?" The health and social agencies in the community must decide on the most efficient way to assist families to self-dependence and maximum health, permitting the worker or agency best fitted to serve in that capacity to carry the service, dependent of course upon the nature of the situation. We can do wonders if we all pull together.

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### Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Marjorie Ashie*, a graduate of the Nicholls Hospital, Peterborough, and of the course in public health nursing, University of Western Ontario, has been appointed nurse-in-charge of the Burlington Branch.

*Miss Agnes Thomson*, a graduate of St. Joseph's Hospital, London, and of the course in public health nursing, University of Western Ontario, has been appointed to the Hamilton staff.

*Miss Georgina Carr* has been transferred from the Peninsula Branch as nurse-in-charge to take charge of the branch in Lachine.

*Miss Margaret McIntosh* has been transferred from the Halifax staff to the Pictou staff.

*Miss Blanche Rickard* has been transferred from the Brantford staff to the Leamington Branch as nurse-in-charge.

*Miss Minnie Jackson* has resigned as nurse-in-charge of the Burlington Branch.

*Mrs. Julia C. Dougall* has resigned from the North York Branch.



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## GENERAL NURSING

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Contributed by the General Nursing Section of the Canadian Nurses Association

### A Case of Anthrax

CECILIA KNAGGS

During a period of approximately four years, not a single case of anthrax had been reported in the province of Ontario. On January 5, 1942, a young man 22 years of age and physically strong in appearance was admitted to St. Joseph's Hospital, Toronto. He was employed at a suburban tannery where he had occasion to handle unprocessed hides imported from India; these hides are a favourable source for anthrax bacillus, which may be transmitted to man through even a small scratch or abrasion. Previous to admission, an irritating vesicle had appeared on the upper part of the right shoulder and the patient definitely remembered having rubbed this area to relieve a slight itching sensation. For four days after the irritation was noticed, the condition was considered by the patient and his employer to be of simple origin, and was treated with home remedies. On January 5, the condition of the local area was more severe, and the general condition of the patient became unfavourable. A large bleb-like formation was evident with an encircling area of darkened tissue. The surrounding tissues, as well as those of the upper arm and chest, were markedly swollen. The patient suffered from slight chills but did not complain of intense pain. At this point,

and on that date, he called the physician, and was immediately admitted to hospital, as an isolated case. His temperature on admission was  $99.2^{\circ}$ , his respiration 20, and his pulse 84. A blood culture and a swab from the affected lesion both showed anthrax bacilli to be present.

For the first 24 hours, anti-anthrax serum was administered intravenously every six hours. This serum is obtained from the blood of horses that have been treated with gradually increasing doses of virulent cultures of anthrax bacillus. A dressing of arsenicalis compresses was applied to the lesion and kept constantly moist. By the second day after admission the lesion involved an area of about three and a half square inches and, on January 8, the temperature reached its highest peak, registering  $104.2^{\circ}$ , respiration 26 and pulse 120. The serum injection was increased to 100 c. c. every six hours followed by an arsenic preparation (Novarsan) with normal saline. The external application was changed to a dressing of sulphathiazole powder. For four days longer this amount of serum was given, at which time a severe reaction developed. Large blotches, with a burning and itching sensation, appeared. These were particularly pronounced on the back, abdo-

men and extremities and were also present on the eyelids. This was treated by an injection of adrenalin 1/1000 given in doses of  $\frac{1}{2}$  c. c. every half-hour until the condition improved. Calamine lotion was applied to the skin irritations, and ice packs placed on the eyes.

On January 11, the serum treatment was reduced to 100 c.c. every 12 hours for two doses and the next day the order was further changed to 50 c. c. of serum injection every 12 hours. During the first week, nausea and vomiting occurred frequently and the patient suffered from abdominal cramps with slight dysentery. When these symptoms became evident, the Novarsan was discontinued. The following four days, the treatment consisted only of 50 c.c. of serum every twelve hours. During this time the patient became more comfortable, his digestion was entirely normal, and he ate a full diet heartily. The temperature had gradually fallen to normal. Slight reactions occurred occasionally during the last few days of treatment. A daily blood culture had been taken

from the time of admission. Each one, with the exception of the first, was reported negative. Serum extracted from the lesion during the second week, on three different occasions also gave a negative report.

On January 19, the physician pronounced the isolation period to be over. Prior to this, strict isolation technique was a most important factor in the nursing procedures of this case. All dishes, bed linen and everything coming in contact with the patient was autoclaved and discarded dressings were burned. Gowns and gloves were worn by physicians and nurses while in attendance. Coming out of isolation, the patient was given a bichloride bath and all treatments were discontinued. The room he had occupied was thoroughly renovated and the mattress and pillows autoclaved. Five days later the patient was discharged and left the hospital feeling well and gaining strength rapidly. Throughout his illness he had displayed a cheerful and optimistic mood and was entirely co-operative in every respect.

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## Over a National Hook-up

History was made in more ways than one during the C. N. A. meeting in Montreal. In recognition of the importance of the occasion, the Canadian Broadcasting Corporation graciously invited Grace M. Fairley, President of the Association, to speak on nursing and nurses and, although we have often broadcast from local stations, this is the first time that we have been given the special privilege of a "national hook-up". It was not easy to prepare a two-thousand word script and to find time for rehearsals while the sessions were in progress but, at the appointed hour, Miss Fairley was ushered into the studio and we rushed to the receiving set just in time to hear the deep voice of the announcer introducing "the President of the Canadian Nurses Association who will tell you why Canada needs nurses".

There is no doubt that Miss Fairley is what radio experts call "a natural". She has just enough Scottish accent to give colour to her clear and pleasant voice and she makes you feel that she is speaking to you personally and not "addressing the radio audience." We had asked some of our friends who are not nurses to listen in and to our great joy their reactions were very good. Some of them have daughters who would make excellent nurses and they said that their girls were genuinely interested in what Miss Fairley told them. A few minutes after the broadcast ended, telegrams had already begun to come in from distant parts of the country. Now that the Canadian Nurses Association has made such a successful début, be sure to keep tuned in. Before long we hope to be heard from again.



# Homeward Bound

ELIZABETH LYSTER

When arrangements were made for my journey home from Sweden, I left Falun and came to Stockholm. Only one thing was missing — my visa for Russia. The days crawled by and still there was no word from Moscow. Finally, all the bookings had to be cancelled. Then, by a stroke of good luck and with much help I did get my Russian visa, new bookings were made and I began my homeward journey.

From a seat in an orange Douglas plane, I watched Stockholm disappear below and behind me. We gained altitude, and the blue of the Baltic studded with green, changed pattern slowly. Four hours later, the sign flashed on at the end of the cabin "Take your seats — coming down" and down we came, with my inside feeling none too happy. My view of Riga was of rooftops, the flying-field, and the Customs House, a cold and comfortless building where we spent an hour while bags were opened and papers examined. Up in the air again, I dozed, to waken and find myself in a world of mist. Staring out anxiously, wondering how we could land, I felt a great relief when, through a break in that enveloping whiteness, I saw a river winding its way through the land below. Suddenly, we came into a world of sunshine again, and there were houses coming nearer and nearer until we circled and came down with a bump on the landing field of the Moscow airport. Whisked away in a car with the Union Jack fluttering from the radiator cap, I made some hasty adjustments to right-handed driving. We drove through the Red Square, much smaller than my imagination had pictured it, with the Kremlin on our right,

so very much bigger — its many buildings, palaces and chapels in striking contrast to the rest of modern Moscow. The next day I visited the home of one of the nobility of old Russia, now used as a museum. The exterior is in poor repair and the court-yard, a slovenly ghost of its former self, is a bazaar where the keen-eyed shopper can buy jewels and china, silver and paintings at a price set by the state, remnants from countless broken homes and relinquished with such sorrow.

Everywhere throughout the city were the stations for the "Metro", some bizarre and others extremely good. There was a line of people outside Lenin's tomb, that large, dark red marble structure, so strange against the background of the Kremlin. That line is one of the permanent things in Moscow life for, though it may grow longer or shorter throughout the day, it is always there. Some streets were undergoing repair, and both men and women were steering the ponderous steam rollers. Then, after a hurried drive to the railway station we moved off. Nine days later we would be walking the streets of Vladivostok.

Nine days on a train! No one ever knew what time it really was. It didn't matter. Time was one thing we had plenty of. Did the train crew change their time as we moved further East or did they, like the towns, keep to Moscow time? If we were going by Greenwich mean time, where were we? It didn't matter. We were going steadily and would at last come to Vladivostok. Next to our compartment, was a Norwegian woman and her five-year-old son, whose father had never seen him.

A captain of a Norwegian freighter, he was in the East and they were going to join him somewhere in China. Next to them, in this moving cosmopolitan hotel, were a Polish woman with a beak-like and aristocratic nose, and a Czechoslovakian, who had lived for some years in Belgium and had married a Belgian woman. Further down the train was a Hollander, on his way to the Dutch East Indies; a Swedish girl, on her way back to Hollywood to conduct a school of gymnastics and dancing; a Hungarian archaeologist on his way to China; a German lithographer and book illustrator on his way to New York. The Japanese Ambassador and his wife, their two daughters and his staff, were returning to Tokyo from Moscow. There were Russian families, complete with children; Red Army officers; Russian sailors; a Russian naval doctor; and, of course, an Intourist guide who, like the poor, is always with you while you are in Russia. All these people ate and slept, played cards, cursed or listened to the radio which blared forth all day and far into the night. They walked the platforms of the stations which provided us with ice, food and water. They talked and groused, laughed and grew friendly through Russia, and Siberia, from Moscow to the Japan Sea.

We passed through a land of plains, decked with evergreens and groves of birches, so slender and pale in their newly-awakened loveliness of green. The fifth day, we awoke to a new world of mountains circling a blue lake, their ruggedness still covered deep in snow. In and out of tunnels, we skirted the lake, coming in the afternoon to the foot of hills running riot with wild flowering bushes painted in mauve and purple. Late in the afternoon of the ninth day, the train threaded its way round the

hills surrounding Vladivostok and we gazed at the lovely harbour. Two large buses drove us to the city's finest hotel, resplendent in dark red velvet curtains and alive with ghosts of former days. There were refugees from all parts of Europe. A swing band played in the dining room and two solemn youths came up and asked me to dance. Round and round we went wordlessly but in a spirit of mutual friendliness.

At the last moment, Intourist informed us that the boat scheduled to make the trip to Japan was in dry-dock and we would have to go "by freighter". There was nothing to be done about it. Only two boats sailed for Japan each month and bookings were at a premium. On board, we were shown to a large room and, at the doorway, told to remove our shoes. Already, the place seemed full of people but apart from three or four small cabins, this was the only accommodation for the forty-odd adults, one infant and three or four small children. Here we ate, slept, read, and talked for four days. The floor was covered with bamboo matting and divided into three sections by two wooden barricades about a foot high. We staked out claims, raised more barriers with suit-cases, looked around us and decided the only thing to do was to laugh. Never have I seen people take anything better. Fortunately, the sea was calm. We hired blankets, used the cork-chip bricks or a coat for a pillow, grew rather skilful with chop-sticks and passed around private stores of food to eke out the rather sketchy meals served to us on trays by the smiling friendly Japanese cook-boys. Two long stops were made at Korean ports for cargo and for hours I watched, fascinated, the men and women carrying the large round cakes of soy bean, the ox-carts ambling by, the unfamiliar costumes, the graceful easy carriage of the women.



*Kobe, Japan*

It was with a feeling of unutterable relief that I looked around the large clean room with its bed draped in white mosquito netting in the hotel at Kobe. The five-hour train trip down from the port was spent sitting on an up-ended suit-case and I was almost too tired and dirty and travel-worn to see the rice paddies slip by or notice the lovely dresses of the Japanese women who flirted their fans in front of their inscrutable faces. Tsuruga, the port at which we finally landed in Japan, will remain in my memory for several reasons. Here it was that I saw two geisha girls sway down the street, their elaborate coiffures (so like the pictures I had seen) in their shining perfection. The clip-clopping of many little wooden sandals filled the air and there was a bevy of small slant-eyed, dutch-bobbed school children in their dark skirts and white middy-blouses.

The week was spent in wandering round the open bazaars, watching the people, signing papers and being finger-printed (for the third time) for our landing in Honolulu. Kobe is westernized, and only now and then does one catch glimpses of Japan, in the open gutters which serve as a drainage system, the curved tiles of the roofs of some of the houses hidden behind their double doors, the costumes of the people. The staff of the Consulate was none too happy. Anti-British and anti-American feeling had been running rather high and most of the wives and children had been sent off to Australia.

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*On Board Ship*

*June 12th, 1941*

Today saw us on board the large Japanese liner which was to take us to San Francisco. Many passengers were already aboard, having come up with

her from Shanghai, and many more swarmed on at Yokohama three days later. Yokohama is a mixture of East and West, but my few hours in Tokyo left an impression of modern western buildings, wide streets and young trees, grown since the earthquake in 1923. The Imperial Hotel, a lovely rambling place with small courtyards and gardens at unexpected turns, is one of the few buildings which withstood the shock. In Yokohama, I watched the slow, steady pacing of a boatman as he poled his heavy barge along the waterway. Up the narrow decking he went, bent to the line of the heavy pole, straightening and lifting it clear as he turned and came slowly back again to start once more the steady, wearisome pacing.

Hundreds of young Japanese swelled the passenger list when we finally sailed away and thousands packed the docks to bid them farewell. We heard later that this was the last boat which they could take so that they would be back in America in time to claim their citizenship. All were in smart western dress and it seemed incongruous to hear them speak up-to-the-minute "Americanese". I looked searchingly for Fuji but it was hidden in mist and so, according to the saying, I shall not return to Japan.

Honolulu was full of American sailors in their white suits and people in smart clothes. At Waikiki, the water changed its patterning of vivid colours continuously and rolled in to the beach in long steady curves bringing the surf-boards in with a rush. The semi-tropical profusion of flowers, flowering trees and bushes, the brilliant sun and the fine, mist-like rain which falls for a few moments without warning from the clear sky, gave me a feeling of unreality. Of the real people of the Island and of their life beyond the mountains, I caught not a glimpse.

Early, in the morning of June 30,

we went on deck to see if we really had arrived and there was San Francisco and the famous bridge. Customs and passport officials were all about us and there was a bustle of good-byes. Later, when I wandered down the street, I wondered why I felt like skip-

ping and jumping, why my feet felt so light, and my head and my heart! Could it be that it was the famous California sunshine? Perhaps it was the sound of everyone around talking English once more? Why did I feel so free? For I did.

## Une Visite chez Jeanne Mance en 1672

CLAIRE GODBOUT, G.M.E.

*Infirmière de l'Hôtel-Dieu*

Le 6 juin cette année là, les notables de Ville-Marie avaient décidé la construction d'une église paroissiale dédiée à la Dame de l'Île sous le vocable de Notre-Dame de la Purification. Le lendemain dans l'après-midi, la pupille de Jeanne Mance qui brodait près de la fenêtre ouverte, aperçut M. le Supérieur de St-Sulpice qui sortait du Séminaire, situé un peu en biais de l'autre côté du chemin St. Joseph (rue St-Sulpice). Avec la désinvolture de ses douze ans, la fillette observa rieuse: "Tenez, malgré le beau temps, voilà M. Dollier qui ne fait aujourd'hui ni arpentage, ni exploration; il a mis sa soutane et ses souliers vernis." "Mais c'est ici qu'il vient, Mlle Mance," fait-elle soudain!

En effet, après avoir contourné la maison de M. LeMoyne (coin St-Sulpice et St-Paul) M. Dollier de Casson s'engageait à sa gauche dans la dernière partie du court sentier qui reliait le premier Séminaire (celui de 1661) à l'Hôtel-Dieu dont la chapelle servait d'église paroissiale depuis 1658. Angélique de Saily l'introduisit dans une chambre où Mlle Mance, assise devant une table de travail, le reçut avec une joie non dissimulée.

La co-fondatrice de Montréal, très digne, l'air toujours grave, et résolue, pouvait encore rappeler à son visiteur (premier historien du Montréal) la femme imposante et distinguée qui pendant 20 ans, avait su, en

des moments fort difficiles, rallier les esprits et les coeurs français à la cause du lointain Ville-Marie et prendre ici, en temps opportun des décisions héroïques. Aux yeux de sa pupille anxieuse, elle apparaissait vieillie, accablée par la maladie et le chagrin, portant péniblement ses soixante-cinq ans.

Sur la table de merisier aux pieds de chêne, M. de Casson avait posé un plan, simple graphique que Mlle Mance considérait avec une apparente habitude, repoussant instinctivement les deux grands registres ouverts dont l'un portait une paire de lunettes et une montre d'argent, tandis que les yeux du prêtre parcouraient distraitemment la table et l'appartement.

Au-dessus de la table, pendait à la cloison, un tableau sur toile de feu M. Olier. Le grand lit voisin était surmonté d'un ciel-de-lit en toile ouvrée, un crucifix d'ivoire monté sur une croix d'ébène lui faisait face; seul objet de luxe, quelque précieux souvenir sans doute? Aux deux autres cloisons étaient accolés "un cabinet façon d'ébène à deux guichets avec un tiroir au-dessous et un dessus . . . une petite armoire de bois de chêne à un battant". L'unique fenêtre était habillée d'un morceau de tapisserie de Bergame; la même tapisserie ornait la cheminée, les deux fauteuils et les deux chaises qui faisaient à l'ameublement disparate un certain aspect d'ensemble. Cinq petits tableaux bordés de cuivre représentant Ste-



Anne, la Ste-Vierge, St-Joseph, St-Jean-Baptiste et St-François de Sales pendaient aux cloisons. Seule note féminine dans ce décor austère: un tout petit miroir suspendu près de la fenêtre. (1)

C'est dans ce décor de piété et de travail que vit l'administratrice de l'Hôtel-Dieu et qu'inlassablement, M. de Casson et Sr Morin, viennent l'entendre raconter la fondation et les premières années de Montréal. L'entreprenant Sulpicien trouvait en elle, non seulement un précieux témoin du passé, mais une judicieuse et ardente alliée de ses projets, parce qu'elle n'avait jamais cessé depuis les trente années d'existence de Montréal, de croire à son développement et à sa grandeur future. N'a-t-elle pas devant elle aujourd'hui même une nouvelle preuve de progrès? Ce tracé qu'elle considère attentivement, c'est le plan des premières rues de Montréal préparé par M. Dollier et M. Bénigne Basset. Son index droit posé dessus, elle suit ce grand chemin nouveau auquel on donnera le nom de Notre-Dame, en l'honneur lui explique-t-on de la Dame de l'Île. Et cette Croix près du puits Gadois? "C'est là", dit M. Dollier, "la nouvelle d'importance que je viens vous apprendre. L'église paroissiale depuis si longtemps rêvée, est enfin décidée; elle se construira là, tout près de la maison de M. Basset. Plus haut encore, je trace une rue St-Jacques."

"Il convenait", dit Jeanne rayonnante, "de rappeler le souvenir et s'assurer la protection de M. Olier — sans lui, en 1649, la cause du Mont-Réal était perdue".

Vivement intéressée, le doigt rivé au plan, elle suivait maintenant le projet d'est en ouest, nommant les rues transversales au plateau occupé par l'Hôtel-Dieu et la ville, qui, dévalant à leurs extrémités nord et sud, se terminaient à la rivière St-Martin (rue Craig) ou au fleuve à travers la commune (rue des Commissaires), la rue St-Charles, la rue St-Lambert (actuellement St-Laurent), la rue St-Joseph (St-Sulpice) et, exultante: la rue du Calvaire! "Elle rappellera aux plus lointains Montréalais, le geste de foi vainqueur de M. de Maisonneuve". — "Voilà trois ans", dit-elle tristement, "que je n'ai pu aller en pèlerinage à la croix de la montagne."

La rue Notre-Dame se prolongeait à l'ouest jusqu'à la rue St-Pierre que son doigt redescendit jusqu'à la rue St-Paul. De cet endroit la ville habitée se développait en un ruban jusqu'à la rue Bonsecours: actuelle et même au peu au delà. La dernière construction au nord-est était un moulin à vent qui servait aussi de défense, il semblait la sentinelle avancée, en faction devant le très humble sanctuaire marial que Marguerite Bourgeoys édifie pièce-à-pièce depuis 1657. Le temps, allié fidèle de ceux qui persévèrent, se montrait ici très exigeant; le modeste apprentis de bois servit encore jusqu'en 1675. La chapelle de Bonsecours avait mis 18 ans à se réaliser; elle fut cependant terminée huit ans avant l'église Notre-Dame.

Revenant de nouveau par étapes vers l'ouest, elle nomme encore l'une après l'autre les rues transversales: St-Charles en l'honneur de H. LeMoynes; St-Gabriel, patron de M. Souart, curé de Ville-Marie, l'un des plus actifs artisans de progrès. Aumônier des Soeurs de la Congrégation, il organisa avec Marguerite Bourgeoys les écoles élémentaires de filles et de garçons auxquels il fit lui-même la classe. Mais le doigt de Jeanne Mance s'incrute sur ce coin des rues St-Joseph (St-Sulpice) et St-Paul, où les souvenirs d'un quart de siècle jaillissent vivaces. Insensiblement, son regard se porte vers la fenêtre. Tout près, côté sud de la rue St-Paul, la pauvre école de Marguerite Bourgeoys est là depuis 1648. Le chagrin de la voir s'éloigner lui sera épargné. Quittant la porte d'entrée de l'hôpital, un long sentier oblique vers l'ouest, envahi par de hautes herbes, il descend vers la rivière St-Pierre (canalisée sous la place Youville) qu'il enjambe au moyen d'un pauvre vieux pont. Au delà est une vaste clairière où des manœuvres s'agitent; les yeux de l'Hôpitalière se brouillent de larmes, sa voix tremblante murmure: "Le vieux fort en démolition! Il y a plus d'un demi-siècle, M. de Champlain avait choisi ce site. Trente ans plus tard nous y trouvions une prairie déjà faite et un vieux mur de briques qui croulait. Mieux qu'ailleurs à cause de la clairière et de la rivière qui la bordait, nous étions à l'abri des surprises. Cependant la crue des eaux faillit nous en chasser au bout d'un

an . . . la foi violente de notre Gouverneur nous sauva de la ruine totale . . . pendant les années de terreur de 1651 à 1654, tout Montréal s'y est réfugié. Combien de fois m'arriva-t-il alors de m'arrêter devant une fenêtre ouverte sur la haute-ville, y apercevant mon Hôtel-Dieu abandonné, de prier Dieu qu'Il m'y reconduise comme en 1645 alors que tout conspirait contre sa construction. La Providence est plus prévoyante que nous. J'aurais tort de me plaindre en voyant Montréal sortie de son dangereux berceau."

Reprenant l'itinéraire interrompu, elle ne s'arrête guère à la Place publique côté sud-ouest de la rue St-Paul où s'intensifie la vie sociale; elle a mené, depuis trois ans une vie monacale exigée par sa santé et imposée par ses grands chagrins. Le Séminaire est tout voisin au nord-est; plus loin à l'ouest, c'est la rue St-François-d'Assise (on en a fait la rue St-François-Xavier) M. Dollier n'avait eu garde d'oublier son saint patron. A l'extrême limite, la rue St-Pierre où demeure Pierre Gadois. L'ensemble formait un quadrilatère très allongé; l'Hôtel-Dieu, dont la chapelle servit pendant vingt-cinq ans d'église paroissiale, en occupait le milieu.

En 1672, si l'on excepte le long chemin St-Paul et celui de St-Joseph (rue St-Sulpice) tous deux densément habités, contournant l'Hôtel-Dieu des côtés ouest et sud, aucune rue n'était encore tracée. De nombreux sentiers rayonnaient autour de l'hôpital comme de leur centre, les uns bien battus, les autres envahis par la vigoureuse végétation de juin. Ils racontaient à leur manière l'évolution de cette petite colonie enfin victorieuse de tant de périls. Quelques-uns, ceux que les hautes herbes envahissent, avaient été des routes de salut au temps des Iroquois, presque disparus depuis huit ans; d'autres sont des routes de prière, le sol en est fraîchement remué, elles viennent de St-Sulpice et de toutes les demeures vers la Chapelle et vont de partout vers le modeste appentis de Notre-Dame de Bonsecours. Il y a un tout petit sentier très étroit à travers le bois qui gravit la montagne; d'autres sont les voies de l'amitié: face à l'hôpital, il en est une, toute durcie l'hiver

comme l'été, sous les pas fréquents des institutrices et des infirmières de Ville-Marie, la sécurité commune ne les a pas éloignées les unes des autres, ni les tâches précisées. Pour leur ville adolescente elles tissent ensemble l'avenir et luttent pour la préserver des dangers nouveaux; elles prient ensemble pour son progrès.

Vers l'est et vers l'ouest, tout le long de la rue St-Paul, les habitations à double-rang, très rapprochées les unes des autres, racontent une vie d'entraide et de cordialité. Faites de bois ou de la pierre du pays, leur aspect modeste s'harmonise bien au paysage. Chacune d'elles, comme les chênes, les ormes et les érables qui les ombragent "comme les fleurettes de toutes couleurs qui émaillent les prairies vertes et leur font une beauté charmante" (Jeanne Mance); comme les deux jolies rivières venant de l'ouest et de l'est ainsi que leurs petits affluents qui descendent de la montagne se jeter avec elles dans le grand fleuve; elles semblent, elles aussi, des accidents naturels du pays. Leur présence ne profane rien; si elles vous narrent une histoire humaine, cette histoire en est une d'adaptation à la "terre de promesse". Relativement larges et basses, leurs attaches au sol sont puissantes; plusieurs d'entre elles, encore trouées de meurtrières ou entourées d'une solide clôture de pieux, sont manifestement tenaces contre les dangers prévus. Elles se sont groupées pour vivre à l'ombre du clocher de l'Hôtel-Dieu qui les domine.

"Ainsi", dit Jeanne Mance, "voici venir le jour où l'Hôtel-Dieu cessera d'être le coeur de cette ville? Le grain de sénévé serait-il déjà le grand arbre que nous prédisait le Père Vimont?"

"Le 30 juin, Mademoiselle, nous poserons les premières pierres de l'église de Notre-Dame. Le Gouverneur-Général M. de Courcelles est invité à poser la première; M. l'Intendant Talon et M. Pérot, notre Gouverneur local, le suivront; je poserai la quatrième au nom de notre Supérieur-Général, Seigneur de l'Ile. Je suis venu vous inviter à placer la cinquième. Je sais que chacun dans cette colonie, réclamerait, comme moi qui ai formé ce projet, votre présence à cette cérémonie. Vous la poserez au nom des



fondateurs et des Messieurs et Dames de la Société de Notre-Dame de Montréal dont vous êtes le dernier représentant".

"Que mettez-vous sur ces pierres?" s'enquit simplement Jeanne Mance.

"Des armoires qui les distingueront entre elles et en suscription 'Au nom du Dieu très bon et très grand et à la Bienheureuse Vierge Marie, sous le titre de la Purification'. Très émue, l'héroïne de Ville-Marie, dont se préparait ainsi l'apothéose, ne sut que balbutier: "Je vous remercie de m'associer à votre magnifique projet. Participer à l'édification de l'église de Notre-Dame me cause une des plus grandes joies de mon existence."

Le 30 juin 1672, un an avant sa mort, Jeanne Mance se joignait aux personnages officiels de la colonie en cette solennelle manifestation de foi. Ce fut l'un des der-

niers gestes dont l'histoire devait nous conserver le souvenir. Mais ses oeuvres sont éloquentes, grâce aux Filles de St-Joseph dont elle avait habilement ménagé la venue. Elles racontent bien mieux que des textes sa foi magnifique et son dévouement à toute épreuve, . . . sa vie qu'elle avait donnée sans réserve à sa nouvelle patrie.

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(1) *Tous ces objets sont décrits dans l'inventaire des biens de Jeanne Mance, fait après sa mort par Bénigne Basset, et transcrit par M. E.-Z. Massicotte.*

*Bibliographie: M.-Claire Daveluy, Jeanne-Mance (Montréal, 1934); Soeur Mondoux, l'Hôtel-Dieu, premier hôpital de Montréal (1942) — Montréal aux premiers jours. (Pages des Relations des Jésuites. 1637-1672).*

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## The R.N.A.N.S. Annual Meeting

The Registered Nurses Association of Nova Scotia held their thirty-third annual meeting at the Cornwallis Inn, Kentville, N.S., on June 5 and 6, 1942, and were guests of the Valley Branch. The meeting was fairly well attended and opened with a most inspiring Invocation by the Reverend G. R. Thompson of the Kentville Anglican Church. Col. B. W. Roscoe, Mayor of Kentville, welcomed the delegates and spoke of the high calling of the profession and also mentioned his pleasure in hearing that the registration fee for the meeting was to be donated to the British Nurses Relief Fund. The president, Miss Jenkins, thanked both Mr. Thompson and Mayor Roscoe and drew our attention to the fact that we are facing a crisis in nursing and asked for the co-operation of all, that the burden might not be too great and that, with unity, we might be able to overcome the many problems with which we are confronted. She then read a message of greeting from the president of the Canadian Nurses Association.

The reports of the registrar-treasurer-corresponding secretary were presented. The paid-up membership at the end of the last fiscal year was 1036. 184 members have joined the Military Nursing Services. 197

members have joined the Association by examination, 27 by reciprocity and 7 by waiver. The Branches all report a very active year. All Branches held the Vesper Service on May 10. The majority report contributions to the British Nurses Relief Fund and several have also contributed to the Queen's Fund. All are supplying teachers for home nursing, and are co-operating with A.R.P. work of some kind.

Rev. Sister Mary Peter, convener of the Hospital and School of Nursing Committee, gave a vivid account of the meeting of the C.N.A. Committee, of which she was a member, with members of the Government in Ottawa, when a Brief was presented by the C.N.A. The highlight of the studies made by the Hospital and School of Nursing Section during the past year, was one on examinations for registration. Sister Mary Peter also urged the superintendents of nurses and instructresses to encourage the student nurses to send in articles to *The Canadian Nurse*. Miss J. Forbes, convener of the Public Health Section, also urged members of the Group to contribute articles to the *Journal* and gave a splendid outline of the work done by the organizations in this Section, all of which have had a very busy year.

The standing and special committees' reports also showed much activity. Rev. Sister Camillus of Lellis gave a splendid report of the Nursing Service Bureau, showing that much time and thought had been given this subject. Sister Mary Peter gave a most interesting outline of the history of nursing in Nova Scotia, gathered from the material she had collected for submission to the Canadian Nurses Association. The legislative convener, Miss Catherine Graham, explained that existing conditions which had changed from the previous year, made it seem inadvisable to proceed with amending the Act and it was decided that no further action would be taken until a more opportune time. Miss Jenkins, convener of the Wartime Nursing Problems Committee, reported that much had been accomplished in the comparatively short time the committee has been in existence. The recruiting sub-committee is concentrating its efforts in a drive for publicity and has arranged for posters to be printed and radio talks to be given immediately. One hundred dollars was voted as a donation to the Red Cross and it was also decided that half the expenses of one delegate from each Branch to the biennial meeting in Montreal, be paid by the Provincial Association and half by the Branch wherever this was possible. An invitation from the Lunenburg County Branch to hold the annual meeting at Bridgewater next year was accepted.

The following officers and conveners were elected: President, Miss Marjorie Jenkins Halifax; first vice-president, Mrs. D. J. Gillis, Sydney Mines; second vice-president, Miss Jane Watkins, Halifax; third vice-president, Miss A. E. Richardson, Kentville; recording secretary, Miss Lillian Grady,

Halifax; Hospital & School of Nursing Section, Sister Mary Peter, Antigonish; public health, Miss Jean Forbes, Halifax; general duty section, Miss Miriam Ripley, Halifax; library, Mrs. R. Thorpe, Halifax; legislative Sister Camillus of Lellis, Halifax; Red Cross Emergency, Miss Joyce MacDonald, Halifax; advisory to registrar, Miss Lenta Hall, Halifax; nominating, Mrs. T. W. MacLean, Truro; programme and publication, Miss E. DeEll, Kentville. The members of the Executive were entertained at luncheon by the Valley Branch and the same afternoon, Mrs. Ward, of Ward's Mansion, entertained the members at an afternoon tea at her home on a lovely hill overlooking Kentville and the surrounding country.

A round table conference was held on nursing problems which took the form of a questionnaire which had been drawn up in the few weeks previous, and was led by Sister Camillus of Lellis. Immediately preceding this conference, Miss Jenkins introduced Miss Norena Mackenzie, nursing supervisor, Canadian Red Cross Society, who explained the work of the Red Cross Corps and thanked the Association for the co-operation given her in her work.

Dr. Patterson, President of Acadia University, was the guest speaker at a luncheon meeting and gave a most enlightening address on "Youth and the Changing Times". Miss Jenkins then thanked Mrs. Mack and her committee for the splendid arrangements made for this meeting, and the Valley Branch for their kind hospitality, which will be long remembered with pleasure by the visiting members.

JEAN C. DUNNING,  
Registrar.

### M.I.C. Nursing Service

*Miss Simonne Patry* (Sacred Heart Hospital, Hull, 1921, and public health nursing course, University of Montreal 1928) recently left the Mount Royal Staff, Montreal, to join the R.C.A.M.C. as Nursing Sister.

*Miss Gabrielle Bernier* (Saint Michel Archange Hospital, Mastai, Quebec, 1933) recently resumed her duties on the Frontenac

Nursing Staff, Montreal. Miss Bernier has just completed the public health nursing course at the School of Nursing, University of Montreal.

*Miss Azilda Brochu* (Notre Dame Hospital, Montreal, 1913) recently retired from the Company's service. Miss Brochu has been on the Frontenac Nursing Staff.



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## STUDENT NURSES PAGE

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### Pathological Conditions of the Breast

KATHLEEN SLEIGH

*Student Nurse*

*School of Nursing, Vancouver General Hospital*

The female breasts are compound exocrine glands divided by connective tissue into twenty or more lobes which open into the nipple. They contain much fatty tissue and are liberally supplied with blood by the thoracic branches of the axillary, internal mammary and intercostal arteries. The lymphatic system is extensive and its branches drain into the axillary, supraclavicular, and subclavicular regions; this is very important, as cancer of the breast is spread by these routes, and the location of the cancer in the breast directs the surgeon in his search for involved lymph glands. At puberty the mammary glands enlarge due to the increased development of the connective tissue and fat. This development is closely associated with ovarian function, especially with the secretion of oestrin. Development of the glandular tissue concerned with the secretion of milk does not take place until pregnancy occurs.

The breast is closely associated with the female reproductive organs, and is therefore considered in gynaecology. Its function is to secrete milk to nourish the infant during the months following birth. There are numerous pathological conditions of the breast: Acute mastitis is a condition where all the signs and symptoms of inflammation are present, re-

sulting either from a cracked nipple or an obstruction to one of the milk ducts. Chronic mastitis occurs in young women, often due to trauma. It usually affects one breast, and is painful at menstruation. Tuberculosis of the breast may appear as a complication of tuberculosis of the chest wall. Cysts of the breast are common and require consideration, because any swelling of the breast should be treated with suspicion. Benign tumours of the breast are said to grow from small portions of connective tissue during the development of the organ at puberty. They usually appear before the age of 30 as solid, oval or round masses, slow growing with no lymphatic involvement and no general constitutional symptoms. Cancer of the breast is considered the second most common type of cancer in women, the first being cancer of the cervix.

The following are three patients, treated for tumour of the breast during my training in the gynaecology department, who were admitted during a period of ten days. The first was a young woman of 35, with a tumour of the right breast. Seven years previously she discovered a small mass in her right breast, which was removed six years later. The present mass was discovered three months ago. Both masses were dis-

covered while bathing. The symptoms in each instance were a freely moving swelling and absence of pain. The treatment was removal for biopsy. The following is the pathological report: "On section through the two tumour masses, a typical fibro-adenomatous type of structure of both the intra- and pericanalicular type was found. No evidence of malignancy was present." The second case was a woman of 44 with a tumour of the left breast. Ten days previous to her admission, she discovered the swelling while drying herself after a bath. It was in the lower portion of the breast, so low that the patient thought it was a tumour on the chest wall. The symptoms were no pain and a freely movable mass. The treatment was radical breast amputation. The pathological report indicated simple carcinoma of the left breast. In the accompanying axillary fat, three or four very slightly enlarged but not grossly involved lymph glands were found. The third case was a woman of 52 with a tumour of the right breast. The mass was discovered three days previous to admission. After she had done some spring cleaning her right arm and breast became very tender and stiff. To relieve this condition, she applied liniment and located the mass. The symptoms were absence of pain and a tumour the size of a silver dollar, firmly attached to surrounding tissue in the upper portion of breast. She had a radical amputation of the right breast. The pathological report indicated a definite carcinomatous process, characterized by many fine cords and nests of epithelial cells. There was an abundant lymphatic infiltration. In the accompanying axillary glands no metastasis was discovered.

The early signs and symptoms of cancer are: the onset insidious; discovery may be quite accidental and discovered while bathing; no pain or discharge from the nipple; no attachment to skin to

cause dimpling; no change in nipple—no inversion; no nodes palpable in axilla; appears similar to benign adenoma. The later signs and symptoms are: characteristic dimpling over tumour; retraction of nipple, with or without blood discharge; hard lumps palpable in axilla; orange peel tinge to skin; discolouration of skin and ulceration; metastasis to chest, spine and liver.

The usual treatment for cancer of the breast is biopsy for diagnosis, then surgery. If surgery would be to no avail, x-ray and radium therapy are used. Surgical treatment includes the dissection and removal of all lymph channels which drain the area and, in addition to the breast itself, the muscles of the chest wall are removed. A simple mastectomy is the excision of the tumour, while a radical mastectomy entails the removal of the lymphatics and muscle. After a simple mastectomy, some doctors will have their patients undergo a course of x-ray therapy.

In the post-operative nursing care we were alert to detect any of the following complications: lung complications such as pneumonia, due to the limitations of chest movement; hemorrhage, due to strain on arteries after extensive surgery; infection of the wound; edema of the arm, due to surgical interference of the lymph circulation; gangrene of the skin, due to the interference of the blood supply, and the tension of the skin.

The symptoms of these three patients brought the following facts to our attention: the importance of biopsy of tumour for diagnosis; the symptoms of benign and malignant growths are very similar; the absence of pain in carcinoma. The health teaching that should be given to all women is that the breasts should be washed without a wash cloth so as to detect any swellings. Any abnormality in the breast should be reported to the doctor immediately.



# In-Service Education

SISTER DENISE LEFEBVRE, S.G.M.

In a war-stricken world, at a very critical moment, can we speak of progress? It seems a contradiction unless we direct our interests towards improving the present situation of a humanity crushed under heavy trials. If it is true that all the sciences and arts more or less subserve the purpose of man, we may certainly affirm that nursing does so to a greater degree because of its close association with human suffering. Let us keep in mind, therefore, that those who lavishly give their time and energy to such a noble calling have a great role to play at a time when sorrow outweighs joy in this shadowy vale of tears. Since nothing human is foreign to the interests of the nurse, it might be opportune to turn our attention to the advancement and betterment of the nursing profession in order to live up to its highest requirements.

Every nurse-educator must have been interested in reading *Notes from the National Office* in the November issue of *The Canadian Nurse*. The recommendations voted upon by the directors of the University Schools of Nursing and the Canadian Nurses Association Executive Committee are worth noting. After taking cognizance of each item, a little self-examination must have followed. If some of the recommendations have left us somewhat humbled, others were a stimulus and an encouragement in the path we had already begun to tread. This last statement gives the reason for the writing of this article which will be devoted to an experiment actually carried on in our Catholic Hospitals for the improvement of in-service education.

The fourth recommendation states:

"that in-service education be extended and enriched. One suggestion is that a visiting instructor be made available to improve clinical teaching of inexperienced head nurses and instructors." At first this may appear difficult but it is not impossible of realization. In a religious community devoted to works of charity, it is easy to find persons specialized in almost every field, and experiments done in one group oftentimes are a source of suggestions for another. A number of years ago our teaching Sisters, who are kept busy from morn till night every day of the year, felt the need of special studies during the summer vacation. This was accorded them and every year the whole group of teachers became students again, for a few weeks, receiving courses and sharing their personal experience. The experiment was indeed successful, and our Superiors thought something similar could be organized for the hospital personnel, either during the summer months or on Saturdays.

During the last three years, courses in ward administration and supervision, clinical teaching, mental hygiene, sociology, and philosophy were offered by the Institut Marguerite d'Youville to our Sisters and to various groups of religious and lay nurses from the many French Hospitals in Montreal. Two years ago, our nurses from the western provinces, envying such an opportunity, asked for it. That was granted them when for the first time one of the instructors from the same Institut went to Saint Boniface, Manitoba, to offer a six weeks course in clinical teaching to thirty sisters, some coming from as far as Saskatoon, Edmonton and Re-

gina. The enthusiastic group was so appreciative of the instruction received that the following year the authorities of the Hospital requested courses in hospital administration, ward supervision and mental hygiene."

The Sisters and nurses who took the courses have always shown themselves

very grateful. This has been an encouragement to greater effort in an endeavour to help head nurses and supervisors perform with more satisfaction their numerous and exacting duties. Let us keep our professional standards as high as we can, even if difficulties are great.

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### How to Maintain Standards

In the staffing of a nursing service and in the maintaining of standards of nursing care it is desired to point out:

1. That more nursing time will be needed if emergency conditions become such that hospitals are pressed for beds, the stay of patients in hospitals shortened and their illness more acute.

2. That supervision should be increased to safeguard the nursing care of the patient and the education of the student if the graduate staff is reduced to meet military needs and the student nursing group increased.

3. That supervision of the non-professional workers should be expanded whenever the professional nursing staff is reduced and the non-professional group increased. This applies to the paid workers and also to volunteer nurses' aides.

4. That economy should be practiced in the use of nursing time by simplifying nursing procedures and by allocating to non-professional workers non-nursing duties.

5. That economy should be practiced in the use of nursing time by reserving the services of private duty nurses for acutely ill patients, for those who require special treatments, and for patients in situations where the limited amount of nursing service available makes it necessary for private duty nurses to be employed. Group nursing is indicated where it would amply provide for the nursing needs of private patients.

6. That economy should be practiced in

the use of nursing time by curtailing, as far as is consistent with the good care of patients, the attendance of nurses at medical rounds and their participation in medical education activities; by reducing medical research that requires nursing time to those investigations carried on in the interest of national defense; by controlling lost nursing time through careful scheduling of operations and clinics and medical orders.

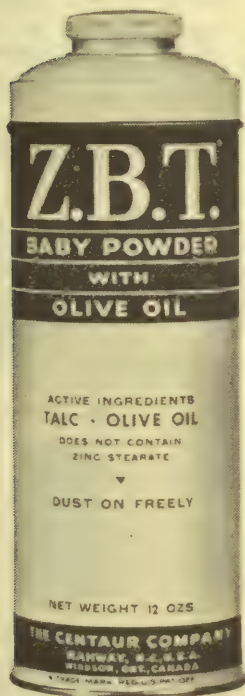
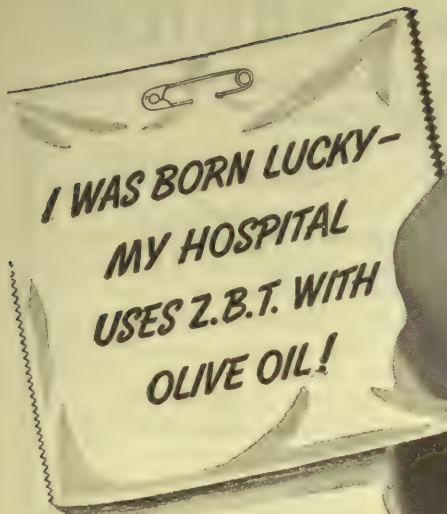
7. That every effort should be made to hold the essential administrative and teaching staff such as instructors, supervisors, and head nurses; to select well-qualified applicants for schools of nursing; to maintain recognized good standards in schools of nursing.

8. That every effort should be made to maintain strong in-service education and training programs for both the professional and non-professional groups and to encourage extra-mural study for the professional staff.

9. That every effort should be made to maintain good conditions of service such as reasonable working hours, regular vacations, good living conditions, and good food so that maximum efficiency of service may be assured. All nursing service personnel should realize the importance of assuming, as a national defense measure, the responsibility for the maintenance of their own individual health.

—National Nursing Council for War Service (U.S.A.)





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## Ontario Public Health Nursing Service

*Miss M. E. MacIlveen* (Victoria Hospital, London, and University of Western Ontario public health nursing course) has resigned as public health nurse for Wallaceburg to accept the position of supervisor of public health nursing with the Board of Health, Kingston.

*Miss A. C. Alexander* (Toronto General Hospital and School Nursing course), who for some time has been engaged in school nursing in Long Branch, has been granted a year's leave of absence to pursue her studies. She will be relieved by *Mrs. Muriel L. Harding* (Montreal General Hospital and University of Toronto public health nursing course).

The Board of Health for North York Township has appointed a second public health nurse. *Miss Marion Thompson* (Toronto General Hospital and University of Toronto public health nursing course) has resigned from the staff of the United Counties Health Unit to accept this position.

*Mrs. Beverly Rogers Howard* (Toronto General Hospital and University of Toronto combined course) has joined the staff of the United Counties Health Unit, and *Miss Margaret MacLachlan* (Toronto General Hospital and University of Toronto combined course), a former member of this

staff, is returning after serving one year with the V.O.N. in Cornwall.

*Mrs. H. Mildred Ronald Gehman* (Brantford General Hospital and University of Toronto public health nursing course), who was engaged in public health nursing and missionary work for four years in Manchukuo, has accepted a position at Blue Mountain Camp at Collingwood which is operated by the Ontario Society for Crippled Children.

*Miss Lottie Siegrist* (Sarnia General Hospital and School Nursing course) has been granted a year's leave of absence by the Board of Health, Sarnia; she will be replaced by *Miss Roxina Brandon* (Victoria Hospital, London, and University of Western Ontario public health nursing course).

*Miss Isobel F. Deeth* (Hamilton General Hospital and University of Toronto public health nursing course) has resigned from the Hamilton Department of Health to accept a position with the Hespeler District Nursing Association.

*Mrs. Pearle Allison* (Victoria Hospital, London, and University of Western Ontario public health nursing course) has resigned from the London Board of Health and is now on the staff of the Toronto Hospital, Weston.

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## O.N.S.A. News Letter

The eighth biennial meeting of the Overseas Nursing Sisters Association of Canada was held in the Windsor Hotel, Montreal, on Wednesday, June 24, following a luncheon arranged by the Montreal Unit. This was the first meeting to be held in Montreal since 1929 when the Association was organized. Forty-seven Montreal members and twenty-five out-of-town members attended. Mrs. Stuart Ramsay, who was the first president of "the All-Canada", was again present.

Out-of-town guests included Miss Eliza-

beth Smellie, C.B.E., R.R.C., LL.D., Matron-in-Chief in Canada, R.C.A.M.C.; Miss Edith Rayside, Lancaster, Ont.; Matron Nell Enright, R.C.A.F., Dartmouth, N.S.; Matron Christine Crawford, Rideau Military Hospital, Ottawa; Matron Sara Roberts, Chorley Park, Toronto; Miss E. Gray, Victoria, B.C.; Miss M. E. Morrison, Victoria, B.C.; Miss Margaret Duffield, Vancouver, B.C.; Mrs. H. C. Ironsides, Calgary, Alta.; Miss Mary Bliss, Galt, Ont.; Miss Della Berrill, London, Ont.; Miss Hilda Stewart,



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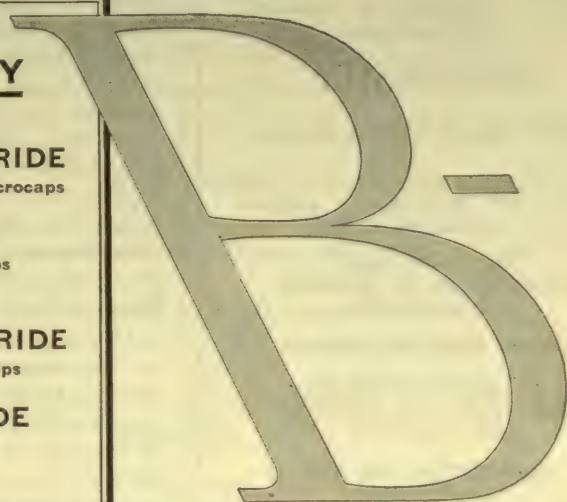
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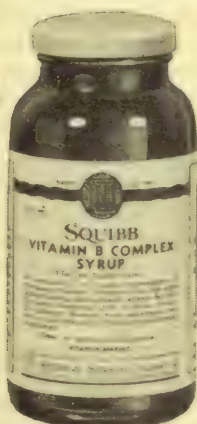
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(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

London, Ont.; Miss Buchanan, Niagara Falls, Ont.; Miss Ethel Cryderman, Toronto, Ont.; Miss Isobel McEwan, Toronto, Ont.; Miss P. Morrison, Toronto, Ont.; Miss G. Ross, Toronto, Ont.; Mrs. Perry Evans, Prescott, Ont.; Miss Blanche Anderson, Ottawa; Miss Gertrude Halpenny, Ottawa; Miss Schayer, Ottawa; Miss G. A. Archard, Halifax, N.S.; Miss B. Gregory, Saint John, N.B.; Miss M. Barnhill, Fairview, N.B.; Miss Dobson, (Imperials). Telegrams of good wishes were read from Miss Margaret Macdonald and Miss Emma Pense.

All present were gratified that during the last few months three of our members have received special recognition. Miss Smellie was awarded an honorary degree of Doctor of Laws by the University of Western Ontario, the first woman to be so recognized by that University. Miss E. Frances Upton of Montreal, and Miss Eleanor McPhedran of Calgary were both awarded the Mary Agnes Snively medal by the Canadian Nurses Association in recognition of their services to the nursing profession.

A review of the activities of the Units for the last two years showed how much the Sisters are contributing in time and work. In addition, the sum of £600 sterling has been sent to aid the British Civilian Nurses with another £200 to be sent at once. Fifteen of our seventeen Units have contributed and the presidents of the other two Units have sent in personal subscriptions. The affiliation with the Canadian Legion of the B.E.S.L. is still to be completed. The Constitution revision was accepted with one or two minor changes. The material for the chapter on Military Nursing for the History of Nursing in Canada is being completed.

The 1944 meeting will be in Winnipeg where the new officers will shortly be appointed. The outgoing Executive extends to the new Executive their best wishes for the next two years and to all Units congratulations on the work accomplished. It is hoped that the spirit of co-operation between the Units will grow as only through united efforts can best results be obtained.

F. MUNROE,

*Retiring President.*



### WANTED

General Duty Nurses and Private Duty Nurses are wanted for duty at the King Edward VII Memorial Hospital in Bermuda. All applicants must be Registered Nurses, and all information may be obtained from:

The Matron, King Edward VII Memorial Hospital, Bermuda.

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Applications are invited for the position of Class Room Instructress for a 100-bed Hospital. Apply, giving qualifications, experience, and salary expected, to:

The Superintendent, General Hospital, Dauphin, Manitoba.

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Applications are invited from Registered Nurses for General Duty in a Tuberculosis Sanitorium of 650 beds. The salary, to start, is \$65.00 a month, with full maintenance. Address applications to:

Miss Alberta Bell, Superintendent of Nurses, Toronto Hospital, Weston, Ont.

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Applications are invited for the position of Instructor, with experience, for a School of Nursing in a 228-bed General Hospital in North Western Ontario. Address applications to:

Miss Olive Waterman, Superintendent of Nurses, McKellar General Hospital, Fort William, Ont.

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Applications are invited for the position of Instructress of Nurses for the Medicine Hat General Hospital Training School. This hospital has a capacity of 140 beds. Please apply, stating experience, age, and salary expected, to:

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## NEWS NOTES

### ALBERTA

#### CALGARY:

At a delightful social function arranged under the auspices of the Alberta Association of Registered Nurses the award of the Mary Agnes Snively medal was made to Miss Eleanor McPhedran by Miss Grace Fairley, president of the Canadian Nurses Association. This event took place at the home of Mrs. J. N. Gunn. In presenting the medal to Miss McPhedran Miss Fairley said: "This is a happy occasion for it is women of your calibre who have worked and developed the profession as it is today and who are recipients of the medals".

Miss Rae Chittick, president of the Alberta Association of Registered Nurses, introduced Miss Fairley, who was also a recipient of the award. Miss Chittick paid tribute to the spade work done by Calgary's veteran nurse in the forming of the provincial organization, and said the national body had chosen wisely in conferring this honour on Miss McPhedran. She also read many letters of congratulations, one of which was from the School of Nursing of the New York Hospital from which Miss McPhedran had graduated.

Mrs. W. A. Lincoln, Mrs. A. H. Baker, Miss Marion Lavell, and Miss Ann Heibert presided at the tea table. Assisting in serving the 150 guests were Miss May Dean-Freeman, Miss Helen Garfield, Nursing Sister Nettie Garfield, Miss Dorothy Burwash, Miss D. M. Gammon, Mrs. T. L. O'Keefe, Miss H. Whale, Miss Jeannette Gunne, Miss Ruth Taylor, and Miss V. O'Dell. Mrs. R. G. Straker invited the guests into the tea room. Miss Kathleen Connor was the convenor.

### BRITISH COLUMBIA

#### PRINCE RUPERT:

The monthly meeting of the Prince Rupert Chapter, R.N.A.B.C. was held recently when the following officers were elected to replace the former executive, all of whom have left the city: president, Miss E. Graham; vice-president, Mrs. A. H. Brooks; secretary, Mrs. D. Bretzen; treasurer, Mrs. E. MacKay. Miss E. D. Priestly, past president, who was responsible for organizing our chapter last year, was recently transferred to the Chilliwack Public Health Service. Miss Priestly pioneered as public health nurse in this city and paved the way for the public health unit which is now established here. We feel that her transfer is a loss to the community but we are pleased to welcome the new health unit nurses — Miss Eleanor Graham, from Duncan Health Cen-



tre, and Miss Beth Ochs, from the Abbot-sford Public Health Unit.

Most of our nurses have taken St. John Ambulance first aid courses, and frequent practices have been held at the various first aid posts throughout the city. All posts are adequately staffed by volunteer graduate nurses. A gratifying number of married nurses have enrolled for a refresher course in nursing to be given by qualified nursing school instructors.

#### ROSSLAND:

The Rossland Nurses Association meets twice a month, once for routine business and program, and once a month to make Red Cross surgical dressings. The annual meeting was a dinner meeting with the local doctors as guests. Two members attended the Trail Chapter's annual dinner. The association has appointed representatives on the executives of the Local Community Chest, A.R.P., and Red Cross Committees. A.R.P. classes have been attended by members in groups. The St. John Ambulance executive were assisted in their home nursing classes, while the Red Cross home nursing classes have been in charge of Mrs. Mary Lonsbury, assisted by other members of the association. Two members have left for military service — Miss Jean Allison is now in South Africa and Miss Babe McDonald is at the Coast.

Miss Flora McLean represented the West Kootenay District at the C.N.A. general meeting in Montreal.

#### OCEAN FALLS:

A Graduate Nurses Association has been formed at Ocean Falls, consisting of 21 members of which the following are on the executive: honorary president, Miss F. Evans; president, Mrs. Morley Patterson; vice-president, Miss Paula Gansner; secretary-treasurer, Miss Hazel Merritt; program convener, Miss M. Patterson; social convener, Mrs. Petrie.

Two meetings have been held and the programs were given over to the doctors who spoke on the newer trends of medical care. These talks were greatly enjoyed as some of the members had been away from active nursing for some years.

#### VANCOUVER:

##### *Vancouver General Hospital:*

The Vancouver General Hospital Alumnae Association recently held a most successful garden party at the home of Mrs. B. W. Fleck. The weather man favoured us with a lovely day and the beautiful garden was at its best. The many nurses and their friends showed a keen interest in the various games of chance, home-cooking and tea. The ar-

AUGUST, 1942



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rangements were under the able convener-ship of Mrs. G. E. Gillies and her committee. The proceeds amounted to approximately \$300, which was donated to the British Nurses Relief Fund.

### MANITOBA

#### WINNIPEG:

##### *Winnipeg General Hospital:*

A dinner was held by twenty-one Winnipeg General Hospital graduates who attended the Canadian Nurses Association convention in Montreal.

Miss Grace Motta (1927), who has recently completed a course in teaching and supervision at the School of Nursing, University of Toronto, has accepted a staff position at the W.G.H. Miss K. Weatherhead (1939) and Miss M. Archer (1940) have recently completed a postgraduate course in teaching and administration at the McGill School for Graduate Nurses. Miss Laura Johnson (1925) is a 1942 graduate of the public health nursing course at the School of Nursing, University of Toronto. Miss Tritt (1940) is a recent graduate in teaching and supervision at the School of Nursing, University of Toronto.

Married: Recently, Miss Marguerite Badger (1940) to Dr. Duncan Kippin.

### NOVA SCOTIA

#### NEW GLASGOW:

##### *Aberdeen Hospital:*

The Hon. L. D. Currie, Minister of Mines for Nova Scotia, was the guest speaker at the graduation exercises of the School of Nursing of the Aberdeen Hospital which were held recently. This class was the largest in the history of the Hospital. Mayor Saunders, of Westville, a member of the board of trustees, acted as chairman, and D. C. Miller, president of the medical staff, addressed the graduates. A string quartette, under the direction of Mrs. R. M. Benvie, delighted the audience with selections, and the Rev. M. A. MacMillan, who gave the invocation, led the nurses in repeating the Nightingale pledge. A social hour was later held when the graduates received their friends and relatives. Miss H. Wilson, superintendent of nurses, received the guests, and Miss M. Crossman, superintendent of the Hospital and Miss L. MacEachern, instructress of nurses, assisted in serving. Lunch was served by the graduate staff. The following night the graduation dance was held, when Miss H. Wilson and Miss M. Crossman greeted the guests.

The following marriages have recently taken place: Jean MacDonald (1941) to J. W. H. Sutherland; Edith Sutherland (St. Martha's Hospital, Antigonish, 1934) to Ray Walker.



# ONTARIO DISTRICT 1

## ST. THOMAS:

The Spring meeting of District 1, R.N.-A.O., was held in St. Thomas on June 6. The executive met at 10 a.m. with Mrs. C. I. Salmon, chairman, presiding, after which a delightful luncheon was served in the nurses residence of the Memorial Hospital. The general meeting opened with the recital of the Lord's Prayer in unison followed by the singing of "O Canada". The report of the secretary-treasurer showed a bank balance of \$247.12, plus a hundred dollar bond. Reports of each section were very interesting, showing the keen interest that is being taken in the nursing problems.

An immediate survey of all active and inactive nurses is being made for the Civilian Defence Committee. All nurses married or single, and regardless of whether they are registered nurses or are members of an Alumnae Association in the District, are being asked to get in touch with their district councillor. Dr. W. J. Armstrong gave a very interesting talk on the recent advancement in blood transfusion. A vote of thanks was given to all those taking part. In the afternoon the nurses were guests of the Memorial Hospital Alumnae Association at a delightful tea.

District 1 is justly proud to have Miss Mildred Walker, Chief of the Department of Public Health Nursing in the University of Western Ontario, London, as president of the Registered Nurses Association of Ontario.

A bronze plaque bearing the names of 73 members of the staff of the Ontario Hospital, London, now serving in the armed forces of the Dominion, was unveiled recently by the Lieutenant-Governor of Ontario. The roll of honour contains names of male members of the staff and a number of nurses, many of whom are now overseas, some in Africa.

## DISTRICTS 2 AND 3

### BRANTFORD:

#### *Brantford General Hospital:*

At the annual meeting of the Brantford General Hospital Alumnae Association the following officers were elected to serve during the coming year: Honourary president, Miss E. M. McKee; president, Mrs. G. A. Grierson; vice-president, Miss H. Cuff; secretary, Miss I. Feely; treasurer, Miss L. Burtch; committee conveners: social: Mrs. G. Thompson, Mrs. L. Sturgeon; flower: Miss N. Yardley, Miss R. Moffat; gift: Miss K. Charnley, Miss V. Buckwell; representative to *The Canadian Nurse* and press, Miss M. Copeland; general nursing section, Miss D. Rashleigh; Red Cross, Miss

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O. Gowman; Local Council of Women: Mrs. G. S. Barber, Mrs. R. Smith, Miss P. Cole.

Nineteen nurses recently received their diplomas at the fifty-fifth annual graduation exercises of the Brantford General Hospital School for Nurses. Mr. Graham K. Stratford, president of the board of governors, acted as chairman, and Lieut.-Colonel George O. Fallis, C.B.E. delivered the address. Miss E. M. McKee, administrator of the B.G.H., led the graduates in the Nightingale pledge. Mr. H. C. Nixon presented the diplomas, and awards were made to the outstanding students. Miss D. H. Arnold, director of the School for Nurses, presented a comprehensive report on the year's activities. A garden party was held on graduation day, and the Alumnae Association entertained the 1942 class at a dinner and dance.

Miss D. Arnold and Miss P. Cole recently attended the biennial meeting of the C.N.A. held in Montreal. Miss H. Cuff graduated recently from the School of Nursing, University of Toronto (teaching and administration) and has joined the staff of the B.G.H. Miss G. Jones also graduated recently from the School of Nursing, University of Toronto (public health) and has joined the Brantford Branch of the V.O.N. Mrs. Beth Claridge (B.G.H.), who is serving with the R.C.A.M.C., has arrived safely in England.

The following marriages have recently taken place: C. MacLean (1936) to William King; M. Duncan (1933) to Lieut. John Howard; J. Scott (1935) to Leigh Hogarth.

### DISTRICT 4

#### HAMILTON:

##### *Hamilton General Hospital:*

Miss Julia Oltsher is at the Hamilton Military Hospital. Miss Francis Fish is doing public health work on Vancouver Island, and Miss Beth Law is doing public health work in Alberta.

The following marriages have recently taken place: Ruth Luekhardt to Harvey Berndt; Amy Beeching to Lieut. Nelson Nix, R.C.A.M.C.; Margaret Gartrell to Robert Burns Cornell.

### DISTRICT 8

#### *School of Nursing,*

##### *University of Ottawa:*

About 200 Ottawa nurses recently availed themselves of opportunities offered by the School of Nursing, University of Ottawa, and attended refresher courses for graduate nurses conducted by the school. The first



course was planned in response to the request of the C.N.A. that inactive nurses prepare themselves to return to active nursing in the case of an emergency. It took the form of a three-day period of lectures and demonstrations by prominent Ottawa physicians and was held at the School of Nursing and the Ottawa General Hospital with which the school is connected. However, the attendance at the first course so far exceeded expectations, that it was decided to repeat the course in the evenings. Accordingly lectures were held three evenings a week for two weeks; a similar course in French was conducted simultaneously. The subjects included pneumonia, newer drugs, treatment of burns, anaesthesia and analgesia in obstetrics, rheumatic fever and cardiac complications, diabetes and the administration of insulin, neurological surgery, thyroid, communicable diseases, and heat therapy in the treatment of venereal disease, eye, ear, nose and throat, hormones, carcinoma, and also demonstrations of newer treatments and reviews of older techniques.

The director and staff of the school are greatly encouraged by the enthusiastic response on the part of the Ottawa nurses.

#### PRINCE EDWARD ISLAND

##### CHARLOTTETOWN:

##### *Charlottetown Hospital:*

The student nurses of Charlottetown Hospital recently held a farewell party in honour of the 1942 graduating class. "An Interview with Jeanne Mance" was dramatized by the junior class. This outline of Jeanne Mance's life impressed both actors and audience with the importance of this heroic woman "whose part in the drama of Canada's early history", as her biographer states, "was more important than our historians have seemed to realize". An amusing reading, "Rest Cure", was given by Miss Frances MacDonald, and a presentation of nurses manuals to the graduates concluded the program. A social hour followed.

Married: Recently, Miss Ruth Toombs (1937) to Mr. Benedict Callaghan.

##### SUMMERSIDE:

The graduation exercises of the School of Nursing of the Prince County Hospital were held recently when five graduates received their diplomas and pins. The address was given by Dr. Beer, and a reception and dance followed the exercises.

The National Day of Prayer for Nurses was commemorated by the students and graduates when special services were held in Trinity United Church and St. Paul's Church. National Hospital Day was observed by Prince County Hospital, and many visitors from the town and surrounding districts came to visit the Hospital.

A successful dance was sponsored recently

AUGUST, 1942

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by the Alumnae Association, part of the proceeds being donated to the British Nurses Relief Fund.

Miss Vera Allen (1940), Miss Marjorie Bryenton (1941), and Mrs. William Mills (1941) have been appointed to the staff of the Prince County Hospital.

### QUEBEC

#### MONTREAL:

#### *Montreal General Hospital:*

At the graduation exercises of the class of 1942, 59 nurses received their medals and diplomas. Dr. Burgess gave the address to the graduates and, on behalf of the Alumnae Association, the president, Miss Catherine Anderson, presented each member with a year's membership to the Association. The winners of the General Proficiency Prizes were Miss E. Glenrose Perkins and Miss Florence Buffett. The Mildred Hope Forbes prizes for the highest aggregate marks throughout the course were awarded to Miss E. V. Dixon and Miss Mary Clarke.

Miss Doris Michie (1933) has resigned from the staff of the Central Division to take charge of the Anson Memorial Hospital at Iroquois Falls, Ont. Previous to her departure a joint tea was given in her honour and that of Miss Picken who was to be married shortly. Both were the recipients of gifts from Miss Holt and the nursing staffs. Miss Anna Christie (1941) has resigned from the staff of the Central Division and plans to attend the McGill School for Graduate Nurses next session. Miss Franckum has severed her connection with the Health Department of the City Hall and is now with the Protestant School Board health service for teachers. Miss Beatrice Adam (1941) has accepted a position on the staff of the Central Division.

The members of the Alumnae Association extend good wishes and congratulations to Miss E. Frances Upton on receiving the Mary Agnes Snively Medal from the Canadian Nurses Association at the Biennial Meeting.

The following marriages of M.G.H. graduates have recently taken place: Jean Picken (1941) to Dr. Guy Danforth; Jean V. Scott to Mr. Harry D. Mount.

The news of the untimely death of Mrs. O. E. Ellis grieved the members of the Alumnae Association of the Montreal General Hospital. For many years Mrs. Ellis lived a busy and useful life in Western Canada nursing her neighbours, some living 40 miles from the nearest doctor. She was present at the birth of 62 babies, without the death of a single mother and without the help of a doctor. She suffered many hardships, travelling on badly drifted roads



in forty below zero weather and on several occasions had to go on horseback to reach a patient when roads were impassable. She was a member of the Hazlet Red Cross and the ladies' aid, and was held in high esteem by the people of the district. About 400 of her neighbours and friends attended the funeral.

### *Royal Victoria Hospital:*

The Alumnae Association of the Royal Victoria Hospital recently entertained for out-of-town members attending the Biennial Convention. Those present were Miss Blanche Anderson, assistant superintendent of nurses, Ottawa Civic Hospital; Miss Mary Bliss, superintendent of nurses, Galt Hospital; Miss Marguerite Bellehouse, Kingston; Miss Constance Brewster, superintendent of nurses, Hamilton General Hospital; Miss Margaret Cogswell, Royal Alexandra Hospital, Edmonton; Miss Frances Macdonald, instructor of nurses, Sydney Hospital; Miss Nora Nagle, instructor of nurses, Sherbrooke Hospital; Miss Lenta Hall, V.O.N. supervisor, Halifax; Miss Edith Moffatt, superintendent of nurses, Brockville Hospital; Miss Kathleen Sanderson, honorary secretary, Canadian Nurses Association, Vancouver; Miss Margaret Pringle, Stanley, N. B.; Matron E. J. Enright, R.C.A.F.; Matron Christine Crawford, R.C.A.M.C.; Nursing Sister Helen Kendall, R.C.A.M.C.; Nursing Sister Janet MacKay, R.C.A.M.C.; Miss Kathleen Hill, St. Stephen, N.B.

Miss Audrey Lamb (1932), who has been in charge of the Red Cross Outpost at Port Carling, has been transferred to Kakabeka Falls, Ont. Nursing Sisters Janet MacKay and Helen Shanks are stationed at Rideau Military Hospital, Ottawa. Miss Mary Dampier (1941) is on the staff of the V.Q.N. in Montreal. Mrs. S. Hardcastle (Amy Stoddard, 1921) has been appointed head of the Red Cross Nursing Reserve at Ottawa.

The following marriages have recently taken place: Christine Rogers (1941) to Robert Powrie; Nursing Sister Bessie Anita Depew, R.C.A.M.C. (1932) to Capt. Thomas Gregor Fyshe, R.C.A.M.C.; Nursing Sister Mary Irene Maguire, R.C.A.M.C. (1936) to Major Bertram H. Cragg, R.C.A.M.C.

### *McGill School for Graduate Nurses:*

On June 25, the Alumnae Association of the McGill School for Graduate Nurses entertained at a reception for graduates of the School who were attending the Convention of the Canadian Nurses Association. A large number attended, representing graduates from every Province. The guests were received by Miss M. I. Brady, president of the Alumnae Association, and included Miss

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Elizabeth Smellie, C.B.E., R.R.C., LL.D., Matron-in-Chief, R.C.A.M.C., and Miss Grace M. Fairley, retiring president of the Canadian Nurses Association, and Miss E. Frances Upton who were so fittingly honoured during the convention with the Mary Agnes Snively Medal Award. Those who had not had the opportunity of visiting the School in its present location were very pleased with the new residence. A most enjoyable evening was spent — the happy atmosphere of returning home seemed to prevail. The new Guest Book was signed by a large number of the members.

## QUEBEC CITY:

### *Jeffery Hale's Hospital:*

The following members of the graduate staff of Jeffery Hale's Hospital recently attended the biennial convention of the C.N.A. held in Montreal: Miss M. E. Lunam, Miss Weary, Mrs. Seale, Miss Moroni, Miss Archibald, and Miss G. Martin. Miss M. Fischer represented the Alumnae Association at the convention.

Miss I. MacDonald received the prize given by the board of governors for general proficiency at the recent graduation exercises.

## SASKATCHEWAN

### YORKTON:

A refresher course, sponsored by the Yorkton Voluntary Nursing Service, was held recently at Queen Victoria Hospital for the benefit of inactive nurses wishing to prepare for emergency service. The twelve nurses who registered were greatly interested in the lectures and demonstrations, which included first aid; communicable diseases — encephalitis, poliomyelitis, and influenza; diet in diseases; drugs and solutions; infant care and feeding. Demonstrations were given on practical procedures, Wangenstein suction, new set-up for intravenous infusion, and blood transfusion.

A lecture and demonstration on the set-up for an obstetrical case in the caseroom and in the home was given by Dr. H. A. L. Portnuff, as well as a lecture in chemotherapy on the "Sulfa" drugs. Dr. W. M. Mollard gave an informative lecture on diabetes mellitus, and other lecturers included Dr. S. C. Houston, Dr. P. Potoski, Dr. M. C. Novak, Miss P. Brown, Miss C. Penman, Miss M. Robinson, Mrs. L. Logan, and Mrs. M. Wylie.

Observation on the wards was included for two hours each morning for three days, a group of four nurses attending at one time. As well as the more recent practical procedures, several interesting cases were observed. The doctors obliged readily in re-



lating histories of these cases, treatment, etc. and answered all questions.

The course lasted for one month, classes being arranged for two or three days each week. Already a few of the class have been called upon to help at the hospital during a busy time, and several others have signified their willingness to be called for service in case of emergency.

#### *Queen Victoria Hospital:*

At the annual meeting of the Alumnae Association of Queen Victoria Hospital the following officers were elected: Honourary president, Mrs. L. V. Barnes; president, Mrs. J. Young; vice-president, Miss E. Flanagan; secretary, Mrs. T. E. Darroch; treasurer, Mrs. G. Heard; social convener, Mrs. G. Parsons; councillors: Mrs. W. Sharpe, Mrs. F. Kisby, Mrs. J. Parker; representative to *The Canadian Nurse*, Mrs. W. Sharpe.

Reports given by the members of the executive revealed a successful and enjoyable year. Five dollars was donated to the Red Cross, as well as 38 knitted garments and 2,435 dressings; \$30 was contributed to the British Nurses Relief Fund; and \$5 went to the Empty Stocking Fund. Our annual dinner for the 1942 graduating class was held with 46 nurses of the city and surrounding districts attending.

Miss Phyllis Brown, superintendent of nurses, gave an interesting report on the S.R.N.A. annual convention held at Moose Jaw. A social hour followed.

#### **HUMBOLDT:**

The graduation exercises of the School of Nursing of St. Elizabeth Hospital were held recently when nine students received their diplomas and medals. The chairman, Dr. B. W. Hargarten, reviewed briefly the history of the Humboldt Hospital and also the history of the St. Elizabethian Sisters. The guest speaker was the Rt. Rev. Father Abbott Severin Gertken of Muenster. The salutatory and the valedictory were given by Miss Bessie Burwell and Miss Marjorie Lockinger. Musical numbers were included on the program, and a dance, sponsored by the Hospital Ladies Aid, followed the exercises.

The Sisters of St. Elizabeth Hospital recently gave a banquet in honour of the 1942 graduating class. Miss Elma Ploog, president of the Student Nurses Study Club, proposed toasts to the Rev. Mother Superior, Sister Hildegarde, the superintendent of nurses, the graduates, and to the incoming seniors, intermediate nurses, juniors, and the probationers. The student nurses entertained the graduates with a short program which took the form of a "mock graduation". This was followed by a wiener roast.



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*After all, it is pleasant to seek fresh fields and pastures new . . . and if you were lucky enough to be at the Biennial Meeting in Montreal we are sure you had a good time . . . Even if you weren't there, we hope you will enjoy reading about all the grand doings . . . National conventions are an old story to us . . . but we don't pretend that we don't get a kick out of them . . . Since we never refer to professional problems on this irresponsible page . . . we shall confine our attention to extra-curricular activities . . . We hope that you didn't get so involved in the amendment to the amendment to the amendment . . . that you forgot to take a look at Montreal . . . a city that has a lot to offer to a sympathetic and discerning eye . . . For example, did you see a pair of falcons soaring around the cliffs of the Sun Life Building? . . . This has been their eyrie for several years and this Spring they raised two fine youngsters and, when the building superintendent invaded the privacy of their family life, they started dive-bombing tactics which surprised him considerably . . . There was a piece about this in the Montreal Gazette . . . and even the Toronto papers took it up . . . The general feeling seemed to be that something ought to be done about protecting building superintendents from predatory falcons . . . (or maybe in Montreal it was the other way round) . . . Even if they missed the falcons, we do know that some unregenerate Westerners slipped out of the heavier sessions with a guilty look in the corner of their eye . . . We darkly suspect they were headed for the Chateau de Ramezay . . . or were going to the Jacques Cartier Bridge to watch the St. Lawrence swirling round the great stone piers on its way to the sea . . . One gay couple waved their hands to us from a horse-drawn calèche on its way up Mount Royal . . . and we gazed enviously at others sitting on banquettes in a French restaurant . . . dawdling over their coffee as though they hadn't a care in the world . . . All this was decidedly reprehensible but they can depend on us to mention no names . . . As a matter of fact we think they had the right idea . . . If we had our way, sessions would only be held every other day . . . There would be time to greet old friends and make new ones . . . time to gossip about who had married whom . . . and what became of old Miss So-and-So who used to be such a terror on Ward B . . . Time to look at what is happening in this unintelligible world . . . and to wonder where we are all going . . . and why we are in such a hurry to get there . . . It was probably quite irrelevant, but we were reminded of a conversation between Florence Nightingale and a wise and kindly Indian Rajah . . . She ardently advocated sanitary reforms and the Rajah listened but made no reply . . . Suddenly he said, "Miss Nightingale, do you believe in God?" Her answer is not recorded . . . but we think we know why the Rajah put that searching question . . . and so did Florence Nightingale.*

—E. J.



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### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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### SASKATCHEWAN

#### Saskatchewan Registered Nurses Association (Incorporated 1917)

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Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

#### Regina Registered Nurses Association

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## Alumnae Associations

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#### A.A., Vegreville General Hospital, Vegreville

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#### A.A., Vancouver General Hospital, Vancouver

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#### A.A., Royal Jubilee Hospital, Victoria

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#### A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Mrs. W. Crosby; Pres., Mrs. W. McElheran; First Vice-Pres., Miss S. Wright; Sec. Vice-Pres., Miss W. Grice; Rec. Sec., Miss H. Fairbairn; Corr. Sec., Miss D. Webster, 184 River Ave., Winnipeg; Treas., Miss H. Oliver; Archivist, Miss Margason; *Advisory Committee*: Miss MacCallum, Mmes McElheran, Greville, Groelle, L'Eucyer, Rev. Sr. Superior; *Conveners*: *Visiting*, Miss Johnson; *Social & Program*, Miss Rungay; *Membership*, Miss Vandecar; *Reps. to The Canadian Nurse*, Miss Watson; *M.A.R.N.*, Miss Troendle; *Man. Directory*, Mrs. Shinmowski; *Local Council of Women*, Mrs. Shankman.

A.A., Children's Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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A.A., Saint John General Hospital, Saint John

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A.A., Halifax Infirmary, Halifax

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A.A., Victoria General Hospital, Halifax

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ONTARIO

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., Public General Hospital, Chatham

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**A.A., Hamilton General Hospital, Hamilton**

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**A.A., St. Joseph's Hospital, Hamilton**

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**A.A., Ontario Hospital, London**

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**A.A., Ottawa General Hospital, Ottawa**

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**A.A., St. Luke's Hospital, Ottawa**

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**A.A., Owen Sound General and Marine Hospital, Owen Sound**

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**A.A., Nicholls Hospital, Peterborough**

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**A.A., Sarnia General Hospital, Sarnia**

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**A.A., Stratford General Hospital, Stratford**

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**A.A., St. Thomas Memorial Hospital, St. Thomas**

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**A.A., The Grant Macdonald Training School for Nurses, Toronto**

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(1) 1939, Food and Life; Yearbook of Agriculture,  
U. S. Dept. of Agriculture, U. S. Gov't  
Printing Office, Washington, D. C.  
1939, U. S. Dept. Agr. Circular No. 507.

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1938, Ibid—14, 8.





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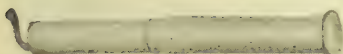
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The course will be given during the first term of the Session 1942-43, and students will be required to register by September 30th, 1942. In view of the short time remaining before that date, anyone interested should secure the necessary application forms at once from the Secretary, School for Graduate Nurses, 3466 University Street, Montreal. The cost of tuition and maintenance for the four-months course will be approximately \$400. The attention of candidates who require some financial assistance is directed to the fact that the W. K. Kellogg Foundation has granted funds to this School for the purpose of aiding nurses to secure post-graduate preparation. This assistance amounts to a loan of \$300, interest free for three years, in addition to a grant of \$100, that is to say, \$400 in all. Application should be made to the Secretary, School for Graduate Nurses, 3466 University Street, Montreal, Quebec.



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# The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

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## CONTENTS FOR SEPTEMBER, 1942

THE GRANT FROM THE FEDERAL GOVERNMENT	- - -	M. Lindeburgh	607
"IF I HAD ONLY KNOWN	- - -	C. E. Williamson	609
THE PRESIDENT'S ADDRESS	- - -	G. M. Fairley	612
NURSING TODAY — AN ADVENTURE	- - -	E. J. Taylor	614
THE ROLE OF AMERICAN NURSES IN WINNING THE WAR	- - -	J. C. Stimson	623
IN PRAISE OF FAMOUS WOMEN	- - -	Malcolm MacDonald	629
THE SIGNIFICANCE OF THE JOINT CONFERENCE	- - -	K. Russell	633
REPORT OF THE EMERGENCY NURSING ADVISER	- - -	K. W. Ellis	636
SAFEGUARDS TO NURSING — PRESENT AND FUTURE	- - -	M. Lindeburgh	650
SCHOOL OF NURSING RECORDS	- - -	R. Thompson	654
UNIFORMITY IN EXAMINATION FOR REGISTRATION	- - -	M. Gibson	656
POSTGRADUATE CLINICAL EXPERIENCE	- - -	M. B. Anderson	659
MODERNIZING THE MANUAL ON HOME NURSING	- - -	R. Chittick	661
TEACHING MATERIAL FOR FIRST AID INSTRUCTION	- - -	M. Kerr	661
THE ADMINISTRATIVE PROBLEM	- - -	N. Mackenzie	663
CLINICAL TEACHING AND SUPERVISION	- - -	M. J. Wilson	666
PREPARATION FOR THE GENERAL PRACTICE OF NURSING	- - -	M. Baker	668
STAFF EDUCATION	- - -	M. Jenkins	671
THE HEAD NURSE AS CLINICAL TEACHER	- - -	M. J. Denniston	675
CORRELATION OF CLASSROOM TEACHING AND CLINICAL EXPERIENCE	- - -	E. Alder	684
REPORT OF THE PUBLIC HEALTH SECTION	- - -	M. E. Kerr	688
RAPPORT DE LA SECTION D'HYGIENE PUBLIQUE, A.R.N.P.Q.	- - -	A. Martineau	696
REPORT OF THE HOSPITAL AND SCHOOL OF NURSING SECTION	- - -	M. B. Anderson	698
GENERAL NURSING SECTION	- - -	M. Baker	700
THE GENERAL STAFF NURSE	- - -	M. J. Lusted	703
HEALTH INSURANCE AND NURSING SERVICE	- - -	A. Ahern	706
NATIONAL JOINT COMMITTEE ON THE ENROLMENT OF NURSES	- - -	J. E. Browne	711
NATIONAL VOLUNTARY WAR SERVICES ADVISORY COMMITTEE	- - -	F. Munroe	713
SYLLABUS FOR TRAINING VOLUNTARY AID DETACHMENTS	- - -	M. B. Anderson	714
WARD AIDES AND HELPERS	- - -	E. Mallory	715
EXCHANGE OF NURSES COMMITTEE	- - -	M. K. Holt	717
COMMITTEE ON HISTORY OF NURSING IN CANADA	- - -	M. S. Mathewson	718
COMMITTEE ON EIGHT-HOUR DUTY	- - -	K. W. Ellis	720
NOTES FROM THE NATIONAL OFFICE	- - -	- - -	723
REPORT OF THE EXECUTIVE SECRETARY OF THE C.N.A.	- - -	- - -	723
SUMMARY OF PROVINCIAL REPORTS	- - -	- - -	728

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## Reader's Guide

Under this caption we usually offer chatty little items about the people who have written the articles in the current issue. But this month you are confronted with a whole page of solid type which may seem a bit forbidding. What we are trying to do is to pull this whole "special convention number" together—in other words to integrate it. We fear that frivolous readers will leave us right at this point. But earnest souls who have the fortitude to stay the course may find that this particular Reader's Guide serves as a sort of a road map to show where the Canadian Nurses Association is going and why.

If you would like to get a rough idea of the principal trends we suggest that the report of the Emergency Nursing Adviser, Kathleen W. Ellis, is required reading and should be tackled first. It sets forth ten brief recommendations which, when carried out in terms of action, will extend the scope and increase the value of every branch of nursing service. There is nothing academic about these recommendations nor are they merely wishful thinking. Many of them are already being put into practice and the principles upon which they are based are applicable in most situations.

Now you will be ready to explore ways and means whereby nursing education may be so directed that it will prepare nurses to rise to the level of their present opportunities. Read Marion Lindeburgh's address on "Safeguards to Nursing" and then go on with the series of addresses directly related to it. Ruth Thompson tells of the work of the committee which made a study of records and Miriam Gibson presents a somewhat disquieting picture of the present state of examinations for registration. Blanche Anderson points out the need for better standards in post-gra-

duate courses. Rae Chittick and Margaret Kerr tell of what has been done to improve the teaching of first aid. Norena Mackenzie discusses the administrative aspects of the problem, and M. Jean Wilson offers some suggestions about clinical teaching and supervision. Madeleine Baker rounded out this excellent series with a clear-cut exposition of the educational aspects of the general practice of nursing.

The excellent material on clinical teaching presented by the Hospital and School of Nursing Section is arranged in sequence. Marjorie Jenkins leads off with staff education and Elsie Alder follows with correlation of classroom teaching and clinical experience. Margaret Denniston gave a vivid picture of the head nurse as a teacher and admirable contributions to the various aspects of the discussion were given by Marion Myers, Mary Macfarland, Sister St. Albert and Sister Denise Lefebvre. The important studies made by the Public Health Section should not be overlooked and be sure to read what Helen Lusted had to say about the general staff nurse.

Here we are almost at the bottom of the page and not a word about the inspiring addresses given by the Hon. Malcolm MacDonald, Miss Taylor, and Miss Julia Stimson. We left them out purposely because we know that you will turn to them first of all.

There are many other good things in this issue that you should not overlook or neglect, among them the reports of innumerable committees which carry on indispensable routine work. Not long ago, a harassed nurse asked us to tell her "what the Canadian Nurses Association is all about". This special convention number of the *Journal* is dedicated to her. We think it answers her question.

— E. J.





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# The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA  
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION  
VOLUME THIRTY-EIGHT NUMBER NINE

SEPTEMBER, 1942

## The Grant from the Federal Government

The last issue of the *Journal* contained the heartening news that a grant of \$115,000. has been made by the Federal Government for the fiscal year of 1942-43. It is now possible to give further information regarding the grant. The allotment and purposes for which the grant is to be used are stated as:

(a) An amount not exceeding fifteen thousand dollars to assist the Canadian Nurses Association to promote recruitment of student nurses and to participate in the carrying out of the programme set forth hereunder and other ancillary services;

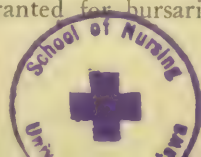
(b) An amount not exceeding seventy-five thousand dollars to provide facilities for the tuition of teachers, supervisors and administrators in schools of nursing which require assistance in the education of an increased registration of student nurses; payments to be made, on the approval of the Director of Public Health Services, to the Canadian Nurses Association for allocation

to hospitals or other teaching institutions;

(c) An amount not exceeding twenty-five thousand dollars to provide scholarships for graduate nurses who are deemed by the Canadian Nurses Association to be promising material for education as teachers, supervisors and administrators.

The further interpretation by the Director of Public Health Services states that the sum of fifteen thousand dollars granted to the Canadian Nurses Association may be used to support the work of the Emergency Nursing Adviser, including the cost of salary, travelling expenses (from date of appointment) and special projects such as national publicity, etc.; also to the expenses of additional secretarial assistance in the National Office, as necessary for the administration of the fund and for other administrative purposes.

The Director of Public Health Services indicated that the twenty-five thousand dollars granted for bursaries is to



be allocated by the Canadian Nurses Association to graduate nurses for post-graduate work, and finally that the amount of seventy-five thousand dollars is to be allocated to the nine provinces for the following purposes:

(1) To assist a limited number of selected schools of nursing to improve existing teaching facilities and to add to teaching personnel when necessary, in order to make a *temporary increase in student enrolment*.

(2) To assist public health nursing organizations in providing additional educational facilities and the necessary increased teaching personnel to give instruction and supervision to an increased number of student nurses.

(3) To provide for a travelling instructor in areas in which this would seem most desirable for the purpose of assisting schools of nursing in their educational programme for students and graduates.

(4) To provide additional teaching personnel in hospitals offering post-graduate experience, to prepare graduate nurses for teaching, supervision and administration in special hospital departments and the public health field.

(5) To support schools of nursing in Universities, by providing additional personnel to assist in carrying out effectively their educational programmes for a larger enrolment of students and graduates.

It is important to note that the grant is to be spent, on the recommendation of the Canadian Nurses Association, to improve existing teaching facilities and to increase teaching personnel in public health nursing and other teaching organizations and in approved schools of nursing, with a view to increasing student enrolment and protecting standards.

The plan of procedure for the expenditure of the grants allocated to each

province will include the submission of a statement by each provincial association of registered nurses to the Canadian Nurses Association, outlining the purposes and amounts for which the money allocated to them will be used. Before being put into effect, it will be necessary for the plans to be endorsed by the Canadian Nurses Association and approved by the Director of National Public Health Services. Payments will be made to the provinces through the Canadian Nurses Association quarterly, or as required. The maintenance of detailed accounts, including receipts for all expenditures, will be the responsibility of each provincial association of registered nurses.

On or after the 30th day of April 1943, the Canadian Nurses Association will be required to furnish to the Minister of the Department of Pensions and National Health a detailed statement of all disbursements.

The responsibility of formulating policies and administering the grant has been delegated to a committee composed of the Executive Committee of the Canadian Nurses Association with the addition of the following members of the original committee appointed to approach the Federal Government: Misses E. Smellie, E. Johns and K. W. Ellis. A sub-committee (with power to add to its numbers) composed of the national officers of the Canadian Nurses Association has been appointed to deal directly with the Government in regard to the grant and to take action on urgent matters when necessary.

In order that this money may be used to the greatest advantage, the provincial associations have been requested to make an immediate analysis of nursing needs in their respective provinces according to the purposes outlined. The Emergency Nursing Adviser will be available for purposes of consultation and advice



either through correspondence or personal visits.

Several methods of determining the amounts to be allocated to each Province are now under consideration by the Director of Public Health Services. It is possible that before this issue of the Journal appears, that his decision will have been announced.

It is realized that no sum, however large, could possibly meet all legitimate demands that exist at this time, but it is hoped that this grant will encourage provincial associations of registered nurses to appeal to provincial governments for further financial support to meet other outstanding needs arising out of the present crisis.

The acceptance of this grant involves a responsibility that it is hoped every nurse will accept. Participation in the bursaries offers a challenge to a number of nurses to prepare themselves for more advanced work and leadership. For a vivid interpretation of the values of post-graduate courses readers are recommended to turn to the personal experiences so delightfully portrayed in the following article, written by Elizabeth Williamson, and entitled "If I had only known!"

MARION LINDEBURGH,

*President,*

*Canadian Nurses Association*

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## "If I had only known . . ."

C. ELIZABETH WILLIAMSON

Do you want to go to University? We say you do! Let us introduce ourselves. We are the 1942 class of post-graduate students in the course in teaching and supervision at the University of Toronto School of Nursing. We are a group of twenty-nine hale and hearty nursing enthusiasts glowing from the experience and contacts of a glorious post-graduate year. We have had a grand time, we are wiser, happier, and we trust more broadened in our outlook and we are so keen to tell the world of our great adventure along the road to knowledge and leadership in the field of nursing that we are offering you a taste of our university life and experiences. We are really sneaking up on you for that taste is insidious, once you have experienced one sweet morsel you are going to want more — we know you will!

Now, let us introduce *you*. You are one of the group of "If I had only known . . ." You are graduate nurses, recent and past, you are the would-be graduate of tomorrow; you are the young graduate of today, the nurse who took part in graduation exercises in this, the third year of our second Great War. You are one of the hundreds of nurses who heard the official, dignified, platform appeal for you to consider enrolling in post-graduate work at universities. You are the nurse who has been asked to qualify herself so that you can help fill the ranks of our trained, specially prepared public health, hospital, and nursing school staff posts.

Do you have to be brilliant to join our ranks? You do not — look at us! We are just normal, average, *everyday* nurses with a sound educational background and the desire to progress and

serve. We are registered in our province and graduates of accredited nursing schools. Schools in Canada? No, schools throughout the world. We boast amongst our ranks inspiring students from the Philippines who have warranted our admiration, respect and friendship. We have a beloved Chinese student, engaging brilliant coloured citizens of our good neighbour to the south and—we hate to disillusion you—but Brazil does not produce just nuts! An abundant western harvest has enabled us to enrich our store of friendship and knowledge and we of the middle and eastern provinces are proud and thrilled to have had the opportunity to observe and benefit from the fine type of graduates our Western nursing schools produce.

Are you, who have not done concentrated academic work for some years, or you who have just finished a strenuous three year nursing course, going to find it too difficult to develop that all-essential study habit? You are not—we did not! Why? Because within the first few days of this new life psychologically informed pedagogists reveal the secret to success—the correct approach to learning. We read and heard how to develop good study habits and good study methods and, most amazing of all, we found on application that theory can be put into advantageous practice! Did you know that an adult's attention span is but fifteen minutes in length and that an understanding leader actually invites you to move about if you feel that the drone of the lecturer's voice is drawing you into the arms of Morpheus? Did you know that you are able to find time to study and a place to study even if you do share a room with friends? Yes, we found at our disposal an excellent, well-equipped library where we were able to exercise our powers of concentration day or night. Most im-

portant of all, we found an understanding staff who appreciated our study difficulties, weaknesses and problems and guided and advised us over the plateaus of learning.

What will you do in a university year? We will tell you. You will successfully cope with a minimum of five subjects if you wish to secure that completion certificate. You will probably tackle several other topics from the group of options presented to you and you will probably think that your choice was the best and hardest—we thought so! You will be rejuvenated at the weekly midterm seminar; you will agonize, orate, marvel at your recovery and revel at having once again overcome that "gone," pit of the stomach, sensation which you experienced as a raw student during those long past probation days and you will love it!

During your year you will do as we did. You will visit hospitals, industries, schools, homes, and institutions of interest and of benefit to you professionally. Some of you will thrill with your first practice teaching while still others will haunt home, hospital and nursing schools in order to seek advice and to give advice, to learn to teach, to acquire confidence and to inspire confidence—it is a grand game of give and take.

Yes, you will develop mentally, morally, physically and socially for you are under the guidance of professional leaders. When you again read that admirable address entitled "The Fundamentals of Professional Leadership" which was presented by Miss Marion Lindeburgh and published in the June issue of *The Canadian Nurse*, you will note with marked interest certain statements and you will realize, as we do, that although many great captains have gone from the ship and left the compass and sextant in our hands they have not done so in vain. We nurses do possess



a faith and we have got leaders in our midst to show us the way in time of crisis and stress. Yes, we have the leaders, we have worked with some and we have played with them too and we want you to do the same. We, the Class of 1942, wanted to take advantage of experienced hands that can help us mold the person within the nurse so that we in the future can go forth to lead those who are yet to come.

What else can we tell you? We could tell you that no matter how conscientious you are you will probably skip at least one lecture for the lark of it — but we should not! We could tell you that it won't matter in the least if you register in one course and your best friend registers in another for you will see each other anyway. Of course, everybody mixes. We play together, talk together, yes, and gossip together too!

What was that? Do we think you will find the question of financing too great a problem in these days of stress? No, we do not! Where there is a will there is a way. We suggest that you set a goal, decide the year, the course, the school in which you wish to enroll and, once having an ultimate objective in view, work and save towards that end. Enquire of the superintendent of your hospital school, speak to the president of your alumnae Association about the substantial financial assistance now being offered to post-graduate students; consider the loan fund of the Canadian Nurses Association and ask about the scholarships being offered by provincial nursing associations. Find out about the loans the Victorian Order of Nurses of Canada make to members of their staff who wish to undertake further post-graduate work. Then too, your University School will probably give you the opportunity to earn a little extra by offering you small tasks to do throughout your academic year. Would work-

ing mean that your studies would suffer? Psychologists have proved that the student who does a moderate amount of outside work is quite often further ahead in the long run and you won't be asked or advised to do too much. Will you have fun visiting campus rendezvous where you can buy a lunch for twenty or twenty-five cents — you certainly will!

Finally, let us consider one of the greatest questions of all. Will you be serving your King, Country and Profession to the best of your ability if you undertake a university post-graduate nursing course during these war-torn years? Yes, we think you will. Why? Because, at present, Canada is in dire need of specially trained nurse leaders, leaders who are able to guide, teach, advise and serve. Our civilian population must be guarded and cared for and our students must be prepared ably and bravely to face present and post-war days. If you have the ability, qualifications and desire to lead, you should prepare yourself to do so, you are needed! Remember, nursing history was made during the Crimean War, and we believe that nursing history is in the making today. We spent a year on one flank of the professional front line, don't you want to too? That's right, you do!

Now, let us look back — who are we? We are still a group of university post-graduate nursing students, but who are you? You are the nurses who make up the classes of 1943, 1944, 1945. You are not one of the group of "if I had only known" you are a member of that class of "now I do know" . . . and you are going to join us at our University Nursing School Alumnae meetings in the not too far distant future. You are going to make history and you are going to lead! Do you want to go to university? We say you do!

# A Word of Explanation

In accordance with the precedent established in 1940, the September issue of the *Journal* immediately following the Biennial Meeting of the Canadian Nurses Association takes the form of "the special convention number" which is now before you. In the original plan, the leading article was to have served as an introduction to the general content. But the grand news about the Grant from the Federal Government naturally demands priority. Pride of place was gladly yielded to the President of the Canadian Nurses Association and to the strikingly appropriate

appeal, "If I had only known . . .". The spontaneity and sincerity of this challenge fitted in so admirably with what the President had to say that we just had to find space for it before tackling the mass of material arising out of the Biennial Meeting. But from this point onwards, the *Journal* takes on its proper character of the "special convention number". We couldn't bear to throw away our carefully planned introduction so, if you would like to have a look at it, you will find it under the caption of Reader's Guide.—E. J.

---

## The President's Address

GRACE M. FAIRLEY

Would that I had the ability to express to you, or give to you a true picture of the activities of the Association since last we met. Of necessity, any theme I might choose for this biennial report would be "Service"—service to the community and service to the Dominion.

At the close of the Convention in Calgary you wisely granted wide powers to the incoming Executive, realizing that a country at war was likely to make great demands on all health services. These demands have been made on this Association, and its members, individually and collectively, have responded, whether by actual nursing service, or, as in the case of your executive, by a sincere effort to further the cause of Nursing which today is fraught with many problems. The cry from each province is shortage of nurses and turnover of personnel which is threatening

the very stability of the services we are endeavouring to maintain. From some quarters also, we hear of a falling off of recruits, and that naturally causes anxiety. Our responsibility lies further ahead than today or the duration of war—it must give assurance of our share in the health programme of the Dominion three, five, ten years from now—hence our responsibility for recruitment.

There have been six Executive meetings and four special meetings. These were called to deal with specific matters, and I would be remiss, indeed, if I failed to tell you of the support your provincial representatives on the Executive as well as the officers have given the Association during these difficult but epoch-making months.

You may remember that we sent a message of loyalty to the Prime Minister and the Minister of Health from the



General Meeting at Calgary, and I am convinced that the sincerity of purpose with which we faced these two years has helped us over many a rugged path, for rugged, indeed, they have been! Outstanding in the Association's efforts to meet its responsibilities and obligations was the establishment of a relief fund for British Civilian nurses. This will be reported in detail, but I know you will be happy to learn that we have contacted the Australian Nurses' Association requesting that they let us know if there is any need of interned or imprisoned nurses on the Eastern front that is not being met. Also, through the Red Cross, parcels have been sent to Hong Kong and Singapore with the hope that they may reach some of our sisters there.

The conference of the Executive with the heads of Nursing Departments in Canadian Universities led to the appointment of an Emergency Nursing Adviser and to an approach to the Government for financial aid. These measures will both be reported upon later, but they were efforts of real magnitude, and if we are unable so far to announce the success of the latter, we are able to say without question that the appointment of a National Emergency Nursing Adviser was not only timely but has proved to be most satisfactory, and, I am sure, the Provincial Associations will agree, is also far-reaching. I would like to refer specially to that conference. It was fully reported at the time in our *Journal*, but in all the years since our Canadian Universities opened their doors to the nursing profession, this is the first time that such a conference has taken place and we sincerely hope it is the forerunner of many.

A year ago I was fortunate in arranging a conference with the President of the International Council of Nurses

and the President of the American Nurses Association, which we found mutually helpful. At the invitation of the President of the American Nurses Association, Miss Johns was appointed an official representative from Canada on the Nursing Council on National Defense, now known as the National Nursing Council for War Service. This courtesy—quite spontaneous and unasked—has meant a great deal to us who are experiencing national problems so similar to those of our professional sisters to the South. Miss Johns will report on the activities of this Committee, as will also Miss Ellis who represented your President officially at the Biennial Convention of the three American nursing organizations held recently in Chicago. It is almost impossible to find words to express the cordial relationship that exists with the American Nurses Association and the courtesies extended to your officers by that organization, and I want to take this opportunity of expressing our appreciation.

In handing over the gavel of office, as I will do at the completion of this meeting, I want you to know that in all humility I acknowledge my indebtedness to the officers and executive officials for the tremendous support they have given me during my entire term of office, but more especially these past two years. Miss Lindeburgh is as sorry as I that our first vice-president, Miss Smellie, found it necessary to let me know that she could not take office again and, on the other hand, Miss Smellie is as conscious as I of the tremendous amount of work that Miss Lindeburgh as second vice-president has given to this Association quite apart from her chairmanship of the Committee on Nursing Education which in itself is a full-time job.

# Nursing Today—An Adventure

EFFIE J. TAYLOR

*President, International Council of Nurses*

It is again my privilege to be with you, my own countrywomen, at another biennial convention. I share with Miss Stimson, the third-time elected president of the American Nurses Association, the honor of bringing to you greetings from the nurse educators of the country of my adoption, at a time when our countries are joined together for the attainment of a great purpose based upon a profound principle: "The right to make the world itself at last free."

We, the American and Canadian nurses, allied together, must do our part, through the use of our professional skill and our spiritual concept, to find the way to make a sick world well. The world is sick today only because it has, in the words of Edmund Burke, failed to realize that "... liberty, such as deserves the name ... is an honest, equitable, diffusive, and impartial principle. It is a great and enlarged virtue and not a sordid, selfish, and illiberal vice. It is the portion of the mass of the citizens and not the haughty license of some potent individual or some predominant faction."

I have the temerity to link these thoughts with nursing, since I come to you also as the official representative of the International Council of Nurses, whose purpose is set forth in the preamble to the Constitution, as follows:

We nurses, representing various nations of the world, sincerely believing that the profession of nursing will be advanced by greater unity of thought, sympathy and purpose, do hereby unite in a federation of associations of trained nurses to improve our work in the service of the sick, to promote the health of the nations, and to secure

the honor and the interest of the nursing profession.

You will note that this refers not alone to Great Britain, France, Germany, Canada, or to the United States, but to nursing throughout the world.

We have written down the Constitution—a Constitution pregnant with, and powerful for good—but we have to make that Constitution live, and to do this we must inspire it with the vital force of a fine, purposeful spirit. In a society which would be worldwide, which would include members of every race and creed, we must, while maintaining inviolate certain broad, general principles, which form our common bond of union, permit, nay foster, individually in detail, authorizing each country to apply these principles in a manner best suited to its own needs.

Such were the ideals expressed by Mrs. Bedford Fenwick, Founder and President of the International Council of Nurses at its first convention, an adventure for nursing, held in Buffalo in 1901. In 1939, at the last meeting of the Board of Directors, held in London, thirty-one national nursing associations bound thus in international unity, comprised the active membership.

I have the honor to salute my colleagues of the Canadian Nurses Association, one of the oldest and most active units in this great federation of almost 500,000 professional nurses, inhabiting every continent of the world. Although these numbers express themselves in divers tongues, they are bound together by ties more vital than language and national tradition. These ties of human service even a war-torn world has not found it possible to sever.



Due to a lack of appreciation on the part of some controlling bodies, that "government is a trust and the officers of a government are trustees and both the trust and the trustees are created for the benefit of the people", some of our most useful and active national organizations are not now permitted by their governments to function in accord with the organization of the Council. In the face of these restrictions, the women in these organizations are devoting their lives and their resources to the welfare of their fellow men and women, without respect to race or creed, biding the time when it will again be the function of government, in the words of Gladstone, "to make it easy for people to do good and difficult for them to do evil."

Because of the responsibilities which Canadian and American nurses have assumed for the preservation of the integrity of the International Council of Nurses, they are today even more closely joined together. Here on a continent, with no political barriers, we dwell in harmony and peace, holding sacred our privilege of living and working together.

In the fall of 1939, when England entered the War, it was deemed advisable to transfer the International Headquarters to the United States. Since the exchange of money became such a complicated procedure, the American Nurses Association deposited its dues to the Council in a separate account in New York, and through this means assumed responsibility for the financial upkeep of the Council's activities. By official arrangement, money can be drawn from this account upon the request of the president, and the business of the Council, now greatly curtailed, has been carried on efficiently. The Canadian Nurses Association has offered to assume similar financial responsibility if, at any time, the American

Nurses Association should find the present arrangement too great a burden. All of the member organizations have been requested to hold their dues within their own countries until such time as peace shall come again.

You will no doubt recall that in the year 1941, the ninth quadrennial congress was to have been held in the United States. Obviously, the plans could not be consummated. Because our task today keeps every nurse at her post, within sound of her own call to duty, the joy and inspiration, which comes from personal and visible contacts, must be relinquished and our souls must commune in silence and at a distance, substituting as far as is possible, the transference of ideals and sympathies by means of the written word. From the majority of our member countries, the lapses within the postal service grow longer and longer and our anxiety for the security of many of our friends has been considerably increased.

May we reverently pause at this moment to pay tribute to Miss Jean Gunn, our beloved sister and friend. Miss Gunn, for many years, was the first vice-president of the International Council of Nurses. In this capacity, she was the reliable confident and adviser of the president during the difficult ordeal of moving the business of the International offices from England to the United States. No greater loss could have come to the Council than that which was sustained when she "finished her course" and was relieved of the earthly tasks so conscientiously, efficiently, and, in spite of physical pain, so generously assumed. Her quiet dignity, together with her keen sense of humor, won for her the admiration and confidence of her associates, and by all who knew her, she was dearly loved.

At meetings of the Grand Council or Board of Directors, Miss Gunn's

clear and logical mind gathered together the wandering thoughts of others, and she presented the crucial points in form for discussion and thereby for making decisions. Her opinions were respected and her judgment relied upon when technical and administrative questions awaited solution. It is our belief that her transference of spirit could have meant but joy to her, since her life had been lived to serve the purpose of God in His infinite plan for the service of mankind. To her friends her passing has left a deep and lonely void, which time can fill but slowly.

Miss Grace Fairley, your own respected and much loved president, is the third vice-president of the Council, and to the president and members she is a most sympathetic, dependable, responsive co-worker and friend. Miss Fairley in Canada and Miss Stimson in the United States, have been towers of strength during this changing period, so vital in nursing history. At the present time, Great Britain and our own two countries must carry the burden, and methinks it is not too soon to be planning for the day when peace will come and, to our sisters abroad, we will open our doors in these two countries which we pray may be saved from devastation and destruction.

Some time ago, when several of the National Nursing Associations in Europe were asked how we in America could best help nurses in the other continents, they invariably replied: "Make it possible for our young instructors, administrators, and public health workers to come to your schools and universities, and assist them in preparing for the almost insurmountable task which lies ahead." It is obvious that they have little time now for any advanced study and will need scholarships and help of every kind from us who have so much to give. This is our challenge and our

response will provide another adventure for nursing.

Chief Justice Holmes has stated that "continuity with the past is not a duty but a necessity". The relation of this thought to our own profession caused my mind to dwell on the story of the beginning of nursing in this country, three hundred years ago, when a beautiful young woman, brave in spirit and convincing in personality, set foot on the shores of what was then characterized as "the new world." Jeanne Mance, endowed with unusual courage and a keen and intelligent mind, had a profound belief in the mission which, voluntarily, she had undertaken. The social, religious, and economic welfare, and the health of the people with whom she had chosen to live and to work, were her greatest concern. She began her career with faith in her ultimate achievement. Although frail in body, she was strong in spirit and undismayed by the obstacles with which she was beset. She organized her activities with the insight and forethought of a general, and difficulties only served to stimulate her to greater action.

As we look back three hundred years, we naturally expect to find conditions entirely different from what they are today. They were essentially different since the colony was new, small, and surrounded by tribes of Indians, most of whom were primitive, barbaric, cruel, and altogether unfriendly to the new settlers. After three centuries have passed into history, it is with a deep sense of concern that we find the nations of the earth still engaged in warfare and in struggle against each other. Although three hundred years, filled with the greatest opportunities for human development, have elapsed, we find the inventions of science and education turned to the destruction of men, and much of the earth, which God created



beautiful to look upon, now in a state of devastation and ruin.

We are aware that the conditions were different in the seventeenth century. In Canada, those were pioneer days, and hospitals, schools, churches and other social institutions for the security of human lives, were not established. Warfare was a common means of settling differences. Today there has been provided every means known to civilized and progressive nations for the protection of their people from aggressive and barbarous interference. But, in too many of our international relationships, the basic ingredient seems yet to be lacking.

We may have forgotten that, as enunciated by a great philosopher "Truth cannot be put on and taken off at will; it must be lived." And he tells us "We ought to learn that it is not easy for a man to form a principle of action, unless he daily speaks and bears the same things and, at the same time, accommodates them to the use of daily life." We state with some assurance and with pride that we are at war in the defense of democracy, but democracy itself, simply in principle, will not free the world from the terrors and fears under which we and other nations are living. We must formulate a more generous concept of life which actually will give to all the peoples of the world, of every race and religion, the right to live and express their spiritual selves in relation to their conscience.

Says Rabbi Silver, "Our age needs a form of good which will not only *tolerate* differences but which will gladly *use* them for the enrichment of race." To live daily a democratic life with love towards one's neighbor, is to emphasize (and here indeed, the nurse and the teacher, as well as the parent, have leading roles to play) that "There is no wealth but life . . . that we learn what

we do truly live and thenceforth live what we have learned; that accordingly we who work with the young must help them to live, each one on the highest level possible of attainment at his age. For in the degree that one lives on a high level now, in like degree does he build this height into his character, where along with the rest already there, it serves to determine the level of future living. And in seeking these things, we labor not as those who have no hope. Our children will learn what they live, and they will then live what they learn. Our task is that they shall truly live."

The function of nurses as teachers of the young and old as well, cannot be given too great an emphasis. Jeanne Mance, our heroine of this conference, was a teacher as well as a nurse, as was also Florence Nightingale, and other certain great women of our profession. Such women had cultured minds and brought to the profession fine ideals of personal life, as well as high technical standards for work. Nurses today are battling in the very front lines for progress in human achievement, at home and abroad. Not less are they fulfilling their obligations to preserve the lives of our fighting forces. Therefore the influence which they can wield may well be conceived as of overwhelming significance in its far-reaching effect. The value of such work cannot be weighed; neither can it be measured in material terms.

At no previous time has the selection and education of students for nursing carried so much meaning as now. What a great adventure is nursing today! Never before in its history has it been fraught with so many and withal such serious obligations and so many opportunities. Perchance under well-meaning misconceptions and short-sighted vision, errors may be made in the education of incoming students through the

translation of the needs of the immediate into the ultimate function of the School of Nursing. In a time such as this, confusion of mind and unrest of spirit cannot be avoided. Nursing is struggling with forces the like of which it has never known. It must comply with all immediate needs but it must also look beyond, in order that a structure may be built which will stand the exigencies of time. One longs to have the power to look into the future and arrange the tangled web into a regular pattern of some kind.

Two decades and more ago, we of the older generation, under somewhat similar conditions, passed through an experience not unlike that which we professionally face today. At that time, in seeking to solve the urgent problems and needs, but with not sufficient discernment for the future, it may appear that we forgot to preserve certain fundamental ideals which were vital to the interest of future generations of nurses. In the words of John Buchan, it may be that we nurses are "condemned to fumble in these times, for the mist is too thick to see far down the road." We are conscious that we must be prepared to do the work which is ours to do today, but surely we can meet the urgent call for "nurses, more nurses and good nurses," without sacrificing the education of the young women who are being recruited into our schools, without jeopardizing their professional future and curtailing the service they must be trained to render in succeeding years.

For the past few years, an increasing amount of time has been devoted to the study of the content and organization of curricula for nursing schools. While not extensive, some research has been done to determine what portions of the existing courses of study are basic and essential and what portions might be

looked upon as "frills", non-essentials, or belonging in the realm of post-graduate work. It is my opinion that there would be very little disagreement on the part of those engaged in the education of nurses as to the importance of giving to every nursing student, at least a basic knowledge of the biologic and social sciences which underlie the art and science of nursing. That the necessary content has been provided cannot be determined alone by the number of hours allocated to any course. The content, the method by which subjects are taught and their application to the field of nursing are of greater significance than the actual number of lectures and laboratory hours. The number of hours devoted to a course is too often used as the measure by which its value is estimated, without giving sufficient thought to more vital criteria. A similar comment may be made in evaluating the importance of great buildings and elaborate equipment, forgetting the more vital factors of libraries, teachers, and the students themselves, and how they are trained to make use of the opportunities available to them. Research into education has not revealed that the worthwhileness of a school or a system of education can be made on external factors alone, interesting and useful though these may be.

We are facing a critical situation in the preparation of personnel to meet the emergencies of war. Nursing is one of the professions where a greatly increased number of nurses is needed now, and more will be needed in the years to come. In every country, in times like these, there are those who clamor for short and abridged courses for nurses. There are others who insist that the need will be met by lowering the entrance and age requirements. There are others who advocate that only the



very essential techniques and skills should be taught in schools of nursing in order to hasten the time when a greater and greater number of nurses will be prepared to enter voluntarily, or perchance be drafted, into the military organization. The thought which is often voiced is that after the war is over these young women will return to the schools and complete the work which they have left unfinished.

Granting the fact that numbers are required, it is not enough, even for the care of patients in this most critical time, that nurses so young and inadequately prepared, should be given such great responsibility. It is not enough that they be trained only in the skillful use of their hands and to carry out orders routinely. It is not enough that they learn the elementary aspects of medical and surgical nursing and be then sent forth to take their places in a disjointed world, where principles of right and justice are struggling to find the means to live and be made to work. It is not enough that the daily needs of patients be speedily met unless there is insured to the student an understanding of the more important factors which enter into the total life of the sick patient and his family. It is not enough to learn the technique of giving physical care to the adult in order to be trained to go forth more quickly into military service. All of these techniques are valuable and speed today is of the utmost importance, but there is an art and a science which must underlie every educational program to be worthy of the name, and this educational preparation for such important nursing service, must not be done by half. It must include not only the care of the adult medical and surgical patient but the care of mothers and children, who will be watching at home and subject to strain and anxiety, the like of which

they have never before endured. Assurance of safety and security for his family is important to the man at the front when his loved ones are left at home without his protection and care.

It would, no doubt, be easier to provide for the immediate by mortgaging the future of student nurses, but should this be done, other groups of workers, with a longer vision, will take advantage of the present emergency and they will be prepared to take the leadership which nurses should be equipped to take in the great task of assisting the people of the world back to healthful and normal living. We must seek for a way to maintain a just balance in providing for the immediate needs and also those of the future. Neither should suffer if our minds are alert and our insight is keen. For fifty years and more, we have had experiences which teach us that the care of the sick demands a certain amount of maturity and judgment and that a background of good general education and culture is essential to giving intelligent and satisfactory service to the sick wherever they may be.

Nurses, without question, feel that their first responsibility is to assist in winning the war but they must meet their obligations without wrecking that which it would be difficult to restore. None of us know all of the answers but with intelligent and orderly thinking, devoid of unnecessary hysteria, the experiences through which we are passing should serve a constructive purpose. Nursing after the war will never be exactly the same as it has been in the past. Life itself will not be developed exactly in the same old broken molds, nor would we wish that it should be. Let us hope, at least, that the self-satisfaction which has accompanied this materialistic era, in nurses, as well as in others, will vanish, and life be enriched by a deeper awareness that the qualities

of the spirit must not be forgotten in seeking to develop the more tangible physical and intellectual disciplines.

In any system of education undertaken for the preparation of nurses, it is not the function of educators to strive to make all conform to one pattern, or to subject students, as it were, to laws and control which have as their objective the production of a standard type. The art of nursing must be interpreted in many ways and we must use the material which is provided in science, literature, and history for the purpose of forming certain ideals and to give a new and meaningful significance to the facts of every day living, for nursing is related to the life of every day. This fact is obvious since nurses have a bond of sympathy and understanding, no matter what language they speak nor from what country they may have come. No bond of union or understanding is as secure as service carried forward in the everyday walks of life.

It has been said of general education, and this again is equally applicable to nursing education, that "We tend in life to seek the easiest way. Thinking and adjusting to our conclusions requires time and great concentrated effort. The impatience with which the average human being today demands results, whether they be complete or temporary, handicaps them in their pursuit of ideals and the achievement of perfection. Steady and patient seeking for spiritual and mental development is not the fashion today. The desire for rapid accomplishment and spectacular crises is, by our present social order, fostered and encouraged . . . the building of character is too often forgotten or is omitted in our concepts of true education and is not linked with the accumulation of knowledge, which is only a small part of the real function of education."

We are free in this country to think, to forward the education of our youth and to worship as we desire, but this knowledge and privilege must make us more keenly aware that during certain periods of liberty, something frequently happens to people, and in the moment of greatest need they may not be quite ready to meet the challenge with which they are confronted. What curious minds have we when our points of view can be so easily distorted that we either completely ignore what goes on about us or we revert to hysterical and primitive thinking. In one of President Roosevelt's messages to Congress, he said: "Much of trouble in our lifetime has sprung from a long period of inaction, from ignoring what fundamentally was happening to us, and from a time showing unwillingness to face facts as they forced themselves upon us."

Those of us conversant with the present generation of young people, not only in nursing schools but in colleges and in the world outside our professional schools, are impressed with the seriousness with which they deal with the social and economic questions which touch their own and the lives of others. They think constructively, they have confidence and poise, and are not easily diverted from the opinions which they have formed. They are able to think for themselves and there is little to fear concerning their lack of ability to take up the threads of life when the leaders of today have given all that they have to contribute. There are, however, certain fundamental values in education to which, as their teachers, we must hold. This war will some day be over, please God it may be soon, and a great new work for nurses will then begin. Leadership of the most constructive kind will be required in every part of the world. Not all students, it is true, who enter schools of nursing will be called



upon to lead; to be a good follower is equally important.

Nursing has never carried a greater appeal to young college women than it is carrying today. It is assuredly an adventure which should be carried far and wide, not only into our secondary schools but into our colleges and universities. No longer can the education of nurses be confined within its old and rigid limits. Its function has spread beyond the demands of a hospital or the confines of any particular institution. These functions will continue to grow and therefore a new plan must be created, the better to meet the needs. Thus new life and vigor will be given to nursing through its ever-widening activities of usefulness. Only when these conditions have been met will women who have enjoyed the experiences of education and culture, be interested in nursing as a professional career.

Young college women are begging for opportunity to be truly useful and nursing holds one of the greatest appeals to those who enjoy association with people. Women of education will not enter schools of nursing, however, if the rudiments of nursing are looked upon as sufficient to prepare them for its practice even though we know that nursing occupies a high place among professions for women and affords a great variety of opportunity for personal satisfaction and for usefulness.

To be the kind of nurse the world requires and, we venture to prophesy, will be requiring increasingly in the future, she must learn to be proficient as a teacher. A nurse must not only be expert in the care of the sick; she must as well be an exponent of the laws of health. She must know, and be able to teach the principles of prevention. Mental, physical, spiritual, and en-

vironmental factors must not be separated in her concept of nursing, for the patient is a human being with a relationship to other human beings and a member and a citizen of a community.

It is more incumbent upon us than ever before to study critically and constructively the curricula under which we are working. Since time is an important factor in every phase of life, there is no place for either the duplication of content or of effort. We should see to it that adequate provision is made for the inclusion in the nursing curriculum of all essential knowledge but good use should be made of every moment and no unnecessary repetition should be exacted. First things should have first place in the sequence of subjects, and students should be expected to give a good account of themselves. No curriculum, however good, can prepare a student for her place in nursing unless she herself makes use of the opportunities. Upon examination of the entire program of study it may be conceivable that some of our cherished ideas have no real foundation. Miss Nutting once told me that when I found I had a cherished phrase or sentence which I wanted to bring in somewhere in a paper or speech, I had better omit it. Anything which has real meaning and significance, she said, will find its place without being forced.

The purpose of any curriculum is to set a guide for teaching. It provides for an assembling of important knowledge with which students should be familiar and for this reason is a guide for students' research and learning, not less than for that of teachers. Close co-operation and conference between faculty members would diminish greatly the possibility of duplicating content, particularly in lectures. Without too much effort, it could be determined

what knowledge has been covered or will be covered in other courses.

Very little research has been undertaken in schools of nursing to determine in how far the recognition of individual differences in the knowledge and ability of students can be given consideration. Students who enter the school of nursing having already completed a somewhat comprehensive course in one or more of the social or biologic sciences might very well be given some time credit for the course if in all respects it meets the requirements. Other students, if brilliant, might have the opportunity to complete the course in a shorter period of time if, in all details, their work were satisfactory. To hold a student down to a lower level than her ability places her in as serious an error in education as it would be to advance her too rapidly.

In nursing it is more difficult to think in terms of an extensive rearrangement of the program of study on an individual basis, for the reason that part of a student's education is gained at the bedside of the patient, and experience of this nature demands time for training in skill, in observation, and in judgment. It is, of course, an accepted fact that intellectual achievement and motor skill in the same individual are not always on the same level. Some consideration, however, for individual differences should not be omitted in planning the curriculum, as time should be saved, whenever this is possible and just, in preparing young women to meet the needs of the country.

To adapt the words of a great religious teacher, the nursing world is:

A world teeming with problems and adventure, full of exhilarating, challenging tasks on all sides, ignorance to be eradicated, disease to be stamped out, a whole new king-

dom of finer human values to be established by human hands. The stout of heart and the strong of faith need never want for combat, zest and romance in such a world. There are two qualities which distinguish the good life—quality of service and the quality of adventure. Goodness finds its objectives not in ourselves but in others. It is only as we widen the circle of our lives that we develop into spiritual maturity and taste of the good life. The full and free unfoldment of personality, which is life's chief goal, is impossible without projecting our lives into the lives of others and without linking up our destiny with the destiny of the advancing life of the whole of mankind.

These ideals are inherent in all nursing and have been set forth as the objectives of the International Council of Nurses. Its reason for being is service to humanity, and adventure into new avenues of usefulness provides its inspiration. Truly, we are at one in believing that we nurses should do our part to hasten the time when the good life will prevail for every individual of every nation in the world. May I leave with you these beautiful words of Tagore:

*Where the mind is without fear and  
the head is held high;*

*Where knowledge is free;*

*Where the world has not been broken  
up into fragments by narrow domestic  
walls;*

*Where words come out from the  
depth of truth;*

*Where tireless striving stretches its  
arms toward perfection;*

*Where the clear stream of reason has  
not lost its way into the dreary desert  
sand of dead habit;*

*Where the mind is led forward by  
thee in ever-widening thought and ac-  
tion, Into the heaven of freedom, my  
Father, let my country awake.*



# The Role of American Nurses in Winning the War

JULIA C. STIMSON

*President, American Nurses Association*

For almost a year I have been looking forward to this opportunity of coming to bring to the nurses of Canada greetings from their sisters in the United States. There are many bonds that unite us. For many generations our countries have had only the friendliest relations. We have no armed barriers between us. We are geographically so close we can understand each other's ways of life and thought. We have many personal friends on both sides of the border. And now we are uniting our professional efforts to meet a common foe.

Before telling you of our war program, while we happily review our common interests, we are glad to recall that the forerunner of the American Nurses Association was the Associated Alumnae of the United States and Canada, organized in 1896, and that Canadian nurses and we were in the same organization until we become incorporated in 1901. It was then that Canadian nurses withdrew from membership because the law of the state of New York, under which the association was incorporated, prohibited members from another country. And it is a pleasant thought to remember that even before this in our first national nursing organization, the American Society of Superintendents of Training Schools for Nurses, Canadian nurses were members. Moreover, we are particularly proud to recall that in 1898 the President of the Society was Miss Mary Agnes Snively. Through all these years we have been colleagues and friends, and now as everything we hold dear is endangered we are standing by your

side determined with you to give our utmost against the brutal forces of evil which threaten to engulf us. We fully realize with you that we are engaged in a life and death struggle, but that with the combined forces of the United Nations we shall win if we exert every effort in our power, not only as nurses but as citizens. And so it strengthens our hearts and fills us with new courage and new resolve to learn how Canadian nurses are organizing and directing their resources and to share with you our experience and efforts.

We, in the United States, have accepted seven very definite duties in our war service:

To secure an adequate number of eligible registered nurses for the armed forces.

To increase greatly the number of outstanding young women in our good schools of nursing.

To bring back into active nursing service, good graduate nurses who for one reason or another are no longer engaged in nursing, persuading them first to attend a refresher course to bring them up to date on the latest methods.

To persuade thousands of non-nurse women to take the Volunteer Nurse's Aide Course.

To secure a vast enrollment of citizens in first aid courses.

To convince mothers of families and other women to take home nursing courses.

To secure the active participation of every available registered nurse in civilian defense activities.

There in a few words is the nucleus of our National Nursing Program.

As I compare what we are doing with what you here in Canada are en-

gaged in, I can see some ways in which you have a great advantage over us, and some ways in which we, perhaps, have been more fortunate. You, I understand, have but one professional nursing organization, the Canadian Nurses Association. You don't know how lucky you are since we have many, and our working together is complicated because in certain situations we may duplicate and overlap. Our American Nurses Association is the largest, with about 180,000 members. This is composed of 48 state nurses associations, and those of the District of Columbia, Hawaii and Puerto Rico. Then we have our National League of Nursing Education which, as its name implies, is made up of nurse educators and executives in schools of nursing. There are many State Leagues. Then next is the National Organization for Public Health Nursing, composed of public health nurses and lay members. Then, too, there is the Association of Collegiate Schools of Nursing a small group made up of nurses who are connected with schools of nursing that are on a college or university level. Next is the National Association of Colored Graduate Nurses and finally, the American Red Cross Nursing Service and all the governmental nursing services including those of the Army and the Navy, the U. S. Public Health Service, the Veterans Administration, the Indian Nursing Service, and the Children's Bureau.

I am sure that I have made you dizzy recounting all these organizations and made you glad that you do not have to remember them. I'm telling you of these groups merely to show you how complicated and difficult it was for us in the United States to establish a unified program. We have, however, organized a war service council, the National Nursing Council for War Service, which is made up of representatives of

all these organizations, that is really getting results in spite of our complexities.

Stimulation for the organization of the Nursing Council in July 1940 came from the American Nurses Association and, until the employment of the Executive Secretary for the Council late in 1941, the work of the Council was centered at Headquarters of the American Nurses' Association. The Association has provided certain organization machinery and working channels whereby the defense and war programs for nursing throughout the United States have carried on. In this war program as in its whole history, the plan of organization and the program which determine its activities have proved to be sound. This is a source of satisfaction to all of us. The organization of the Nursing Council on National Defense (now the National Nursing Council for War Service) followed by the appointment of the Federal Subcommittee on Nursing, required the establishment of effective working relationships between all official and non-official nursing groups in the United States and this has required constant study and evaluation, in order that the privileges, functions, and responsibilities of each of these groups might be preserved and the resources of each utilized to the fullest extent.

Over everything in our war work is a committee of five nurses, appointed by the Federal Government, which is called the Subcommittee on Nursing of the Office of Defence Health and Welfare Services. Just to give you a little glimpse into our overlappings and the problem of distinguishing between our objectives and our duties, take me as an example: I was appointed as an individual, not representing anything, as one of the five members of the Federal Subcommittee; then I'm Chairman of the National Nursing Council for War



Service; President of the American Nurses Association; a member of the National League of Nursing Education and of the National Organization for Public Health Nursing; and I have been an enrolled Red Cross nurse since I graduated from a School of Nursing and on the National Red Cross Nursing Committee for many years. Then, too, I'm a retired member of the Army Nurse Corps. Just imagine that for complexities, if you can. Sometimes I feel like the entire Dionne quintuplets, not to mention all the rest of the family!

Now let's go back a minute to the Federal Subcommittee and see what its job is: its first objective is to know the needs for military and civilian nurses; secondly, it must make plans to meet those needs and, third, it hopes to help correlate the nursing activities of the United Nations in postwar planning by protecting and promoting professional standards. The program of the Subcommittee is to observe and analyse nursing needs (based on a national survey of graduate registered nurses that was made some months ago); to allocate jobs to be done; to review the progress being made and, if necessary, to ask the Government to take over activities that cannot otherwise be put through; and to publicize the whole program.

You can see that this is the overall planning group. When the Subcommittee says the second part of its program is to allocate jobs to be done, that means mainly that it says to the National Nursing Council for War Service, you do this. The Council is, as I said before, made up of representatives of the professional nursing organisations. It has an office, a paid executive secretary, and an assistant; a secretarial staff and committees, some with paid secretaries. One committee is for recruitment of

student nurses and one is on the supply and distribution of nurses; another committee is on public information. Another of the jobs for which the Council is responsible is to organize State and local Nursing Councils for War Service with which the National Nursing Council can work in the several states.

I am sure that by this time you are wondering how I could have said, as I did awhile ago, that in some ways we nurses in the United States were more fortunate than you. You certainly cannot envy us our complicated organization. Well, here is the answer: Nursing in the United States has received some federal funds for its work. For the first time in our history, Congress appropriated a sum of money to help certain approved schools of nursing increase the number of students they could admit. Last year \$1,800,000 was given for this purpose. How that was accomplished is too long a story to tell now, but I'll say it was largely through the efforts of a Canadian-born nurse, one of our honored leaders, Miss Isabel M. Stewart, of Teachers College, New York, who made a remarkable study of the needs and costs, and worked out a plan which after many vicissitudes was accepted. This is now being carried out with federal funds under one of our governmental agencies, the U. S. Public Health Service, through which this past year 130 schools of nursing benefited and which, we hope, will help a larger number this next year.

To secure enough nurses for the Army and Navy, was mentioned a while ago, as the first objective of the nursing profession. This is a large order, for 2500 eligible physically fit nurses must be obtained every month in the next year to meet their needs. Many thousands are already in the Army and Navy Nurse Corps. The exact figures are not divulged but we

know they are with troops all over the world and in hundreds of camps in the United States. All of our nursing organizations are united in this primary job of persuading eligible young women to undertake this patriotic service. The Red Cross Nursing Service, by charter obligation, is the Reserve for the Army and Navy Nursing Service, so it is concentrating great efforts through Red Cross Nursing Committees in every state to build up this reserve.

While we concentrate our greatest efforts upon securing more nurses for the Army and Navy, our minds are full of unbounded admiration for the courage and heroism of all the gallant women with the forces of our allies in all corners of the globe. We sorrow at the thought of their hardships and sacrifices, but we envy them and wish we were by their sides. **We honor the Canadian, the English and Australian Nursing Sisters** who are in the hands of the enemy in Hong Kong, Singapore, Malaya, Greece and Crete and hold in dear remembrance the civilian nurses of Britain who so nobly have given their lives in the performance of their duty. From what our memories tell us of the last war and from the meagre accounts that are coming to us from all over the world, we are beginning to learn what the real heroism of Service nurses is today. Our minds follow our American nurses to Alaska, Panama, Trinidad, Newfoundland, Iceland, and to England, Ireland and Australia; also to the Philippines, Hawaii, Guam and New Caledonia; to hospital ships, to hospitals on air fields and in camps and naval stations all over our great country. But no imagination can take us to the place where some of our Army and Navy sisters are: the prison camps of Kobe, Japan, and the prison conditions of Corregidor. We have known a little of the hardships and dangers nurses

have endured in the fox holes of Bataan and the bombed hospitals of Hawaii and on ships and clippers carrying the wounded and evacuees to areas of safety. We can appreciate the anguish of their minds when they were ordered to leave some of their patients. With you we bow our heads in sorrow and pray that God will give strength and the courage to endure to all our professional sisters wherever they may be, believing that in their darkest hours they will be sustained by hope and faith. Because they are Army and Navy nurses they will be true to the heroic traditions of their services.

Like the Canadian nurses, the response to the call to the colors on the part of our American nurses in spite of their knowledge of the dangers and hardships ahead of them, is most stimulating! We sometimes think that a lack of overwhelming response is due to the fear on the part of some nurses that they will not have a chance to serve with the expeditionary forces but may be kept for less adventurous duty in camps at home. Recruiting for the Services, as I said before, is the first objective of our nursing organizations. The National Nursing Council's Committee on Supply and Distribution of Nurses is the group in which this job is centered. This committee is organizing Committees on Supply and Distribution in every state and in many localities, and has prepared for their use a guide. This guide shows them how to study their own resources and how to determine the minimum number of nurses in every category, the community needs, and how best to use their available nurse power and so release for the military services those who are eligible.

The Council's Committee on Recruitment of Student Nurses is concentrating on securing for good schools of nursing a greatly increased number of



highly qualified student nurses. This Committee has distributed throughout the states a great amount of publicity. Speakers' kits and pamphlets on nursing have been sent to colleges and universities, to junior colleges and high schools, and local recruitment committees have been organized to make the best use of all this material. Newspapers and magazines, and the radio have given a great deal of space to the recruitment program. Results cannot as yet be measured, but there is every reason to believe that this nation-wide intensive program will have a definite effect upon increasing the number of young women who are studying nursing and getting ready to take their place in the ever-widening field of nursing.

The Army and Navy are not the only fields that need nurses. Our civilian hospitals are greatly understaffed because of the withdrawal of nurses for the services and because of the increased use on the part of the general public of hospital facilities. Moreover, there is great need of many more public health nurses in many varieties of public health work, particularly in industrial nursing and in the many boom-towns that have grown up around war industries and camps. The withdrawal of doctors from civil life is also placing additional duties on nurses.

Although there are indications on the part of the medical profession that pressure will be put on our nurse educators to shorten or concentrate the accepted course of education in our nursing schools and upon the Army and Navy to lower their standards and accept nurses who have not had instruction in all the subjects now considered essential, so far our nurse leaders have been able to withstand the pressure and to refuse to lower standards.

Up to the present time the Army and the Navy and all the Federal Services

have accepted only nurses who are registered by state laws, and state laws require qualifications in all nursing subjects including obstetrics and pediatrics, and so those who say that these latter subjects are not needed in the military services are up against a real obstacle. Every effort is being made by our nursing organizations to hold out for present standards, although our minds are not closed to the possibility that modifications may have to be instituted in the curricula of schools of nursing after careful studies have been made. The National League of Nursing Education is already starting such a study.

The new ways in wartime which your Emergency Nursing Adviser is promoting throughout the provinces with the help of provincial representatives are very similar to the nursing activities on our side of the border. We, too, are advocating more postgraduate courses, the recall of married and inactive nurses to active service, the increase of refresher courses, the improvement of living and working conditions and personnel practices in hospitals and the expansion of central schools of nursing. Moreover, we are greatly concerned with the preparation and supervision of a vast subsidiary group of nursing auxiliaries.

Volunteer nurses' aides have been trained in the United States by the American Red Cross for a number of years, but under a slow peace-time schedule which would not make them readily available in large numbers for service in the present emergency. In order to supplement the service in hospitals due to depletion of graduate nurse staffs, the American Red Cross and the Office of Civilian Defense jointly have sponsored a program to provide 100,000 volunteer nurses' aides. These aides work under the supervision of the graduate nurse and their training and

supervision on the job make new demands on nurse teachers and supervisors in civilian institutions. It is recognized that in addition to graduate nurses and volunteer nurses' aides, the emergency situation calls for additional personnel whether on a pay or volunteer basis. To this end a category of "nursing auxiliaries" has been set up and a study is being made of the policies which have been adopted by the three national nursing organizations concerning subsidiary workers in the care of the sick in order to learn whether or not these policies should be retained or revised.

Dr. George Baehr, Chief Medical Officer of the Office of Civilian Defense, Washington, D.C., has called attention to the importance of setting up first aid detachments in all industrial plants, in large business establishments, and governmental bureaus—these to be under proper leadership so that they may be prepared to serve all employees and the neighboring public in the event of a catastrophe. Nurses will be needed in these detachments.

Through the Office of Civilian Defense, plans are made for the utilization of nurses and nurses' aides in field unit squads and also for the services of public health nurses in home visiting of the injured released from casualty stations.

The American Red Cross also has a well-organized plan of disaster nursing. In case of an 'incident' it may be necessary to pool all local nursing resources under one central service and to have flexible interchange of nurses in hospital, private duty, and public health service. All nurses are being encouraged to take first aid courses and as many as possible to prepare themselves to become instructors of first aid through the joint efforts of the American Red Cross and the Office of Civilian De-

fense. Further, the American Red Cross is expanding home nursing classes, setting as a goal at least one-half million participants this year. This requires a demand for many additional nurse teachers and provides a suitable opportunity for married nurses who can give part-time service to make a valuable contribution to national defense. For this expansion, 15,000 part-time nurse instructors are needed, of whom 5,000 have already signed up.

To get all these projects under way has been a difficult task—constantly we are reminded that time is short—decisions must be made at once and with reference to their implications for the future. Each organization has endeavored to anticipate needs and to be ready to meet war demands as these have arisen, putting aside for the moment its individual responsibilities required by the usual program in order to speed up the production of nurse power and make it available when and where needed.

We know that if each person determines that her quota is to be her full capacity, the sum of the efforts of each of us will be a total war effort, the magnitude of which is beyond our concept at this time. More than the accumulation of thousands of individual war efforts, it is a force, a power, a unified overwhelming surge, an outpouring of professional strength on every level, through every association of nurses—national, state, district and alumnae—reaching into every community in an effort to meet every nursing need and to prepare for our larger duties in the peace ahead.

The Mayor's slogan in New York City is: "I need America and America needs me!" I should like to add that we in the United States feel that we need Canada and Canada needs us!



# In Praise of Famous Women

MALCOLM MACDONALD, M.P.

*High Commissioner for the United Kingdom*

Let us begin by praising famous women. I do not know how deep into ancient history one must probe to discover the beginnings of your noble profession of nursing. But every schoolboy does know that often down the centuries as the story of humanity's struggle has unfolded, dark places where sickness and death threatened to bar man's onward march have been illumined by the devoted nursing of brave women. For example, I think there is no more courageous and romantic chapter in the tale of men's conquests of wild new lands than that of the early French settlement of Canada. Amongst those first Canadians were many leaders who showed the highest heroism—men like Champlain, Brebeuf and Frontenac. But one of the most attractive characters amongst them is that of a woman, Jeanne Mance. On a summer's day, exactly three centuries ago, she came with the first ship's company of pioneers and landed on this spot where we sit to-night. That morning she sallied forth to pick flowers in the forest where cruel Iroquois might well have picked her instead, and she set them on the altar at the first celebration of Mass on the site of Montreal. That day she helped to found Montreal. That day she founded the first hospital here. That day she gave one of the earliest impulses to Canadian nursing. It is well that you should celebrate piously this tercentenary of her landing, for in a way you are all offspring of Jeanne Mance.

Often in these days, amidst the fury of war, one thinks of the great leaders of nursing. For example, each morn-

ing now we seek eagerly in the newspapers the latest tidings of the siege of Sebastopol. And instinctively your imaginations fly back across almost ninety years to another grim and bloody siege of Sebastopol when Florence Nightingale rode horseback through the Crimea, directing the care of our wounded soldiers. I suppose the popular conception of her is still the angelic Lady of the Lamp whose very shadow rough soldiers used to kiss fervently when it crossed their pillows as she walked through the crowded wards of her hospital at Scutari. Well, of course she was that gentle creature. But she was much else besides. Otherwise she would never have become the mother of modern nursing. The conditions in British hospitals then were a scandal not only on the distant shores of the Black Sea, but at home and wherever they existed. There was no proper sanitation, no ventilation, no cleanliness, no adequate equipment. And Florence Nightingale did not charm these elementary things into being by mere feminine magic. In urging them she was opposed through many years by the most thick-skinned official incompetence, parsimony and inhumanity. She only gained a victory by fighting these like a tiger, like a fury, even like a devil, with—for those days—unladylike obstinacy, vigour and intellectual power. She is one of the most remarkable reformers, of either sex, of all time.

I like to recollect that when she began her great fight at Scutari her principal ally was a certain gentleman sent out to represent the *London Times*, whose name was MacDonald. The

members of the fighting clan MacDonald have played a part on many a pretty battlefield, but never on one more honourable than the Crimea when humane nursing was born. (I hope you will forgive that little outburst of primitive Highland pride.)

Well, time plays some strange tricks with us. In those days when Florence Nightingale was in the Crimea *our* soldiers were laying siege to Sebastopol. We strove might and main to drive the Russians out of the great fortress. But in the present world struggle between the forces of good and evil the Russians have struck some of the mightiest blows against the forces of evil. To-night it is the hope and prayer of us all, including you modern Florence Nightingales, that the Russians shall this time remain victoriously inside Sebastopol.

In passing, it is interesting to learn that at the very time when the redoubtable Miss Nightingale was fighting against appalling hospital conditions in Britain, a similar state of affairs reigned here. Let me read an account of the wards, and I regret to state the nurses also, of the Montreal General Hospital as they were in the year of Canadian Confederation, 1867:

The wards were small and rather untidy, the nurses were Sarah Gamps. Good creatures and motherly souls, some—all uneducated. Many looked upon the wine when it was red. In those days it was with the greatest difficulty patients could be induced to go into a hospital. It was the popular belief that if they went they would never come out alive. No records were kept. The clinical thermometer had not come into use; the patients had to look after themselves; fresh air was not thought necessary. Armies of rats disported themselves about the wards.

But I will not read on. Let us draw a veil over those horrors. For from my

knowledge of Canadian hospital wards today, and from my view of you this evening—without any artificial stimulation from the wine when it is red—I can see that there have been as wonderful improvements in Canada as there have been anywhere else since the reforming zeal of those days.

But man—and woman too, so far as I can make out—is a restless animal. They are for ever striving for improvement. Standards which seemed good in one age are not thought good enough in the next. The members of the nursing profession are still on the march. They have been amongst the greatest benefactors of mankind. But I do not think that mankind have yet requited their services fairly. At any rate, let me speak about the situation in Great Britain. I think—and I doubt not that you will agree—that the nursing profession should be recognized and treated as the equal in usefulness and honour of any other profession in human society. But, however much lip service may sometimes have been paid to that idea, the profession had not in fact attained that status in pre-war Britain. The living quarters for nurses were not always satisfactory, the conditions of their work were often excessively hard, and their pay was insufficient.

However, we were on the way to correcting those things when the war broke out. A Royal Commission had been studying the whole question of the training and working conditions of nurses. When its Report appeared it proposed a great and comprehensive programme of reforms. I shall not trouble you with its details. But it will please you to know that the chairman of that Commission, whose recommendations mark a new era in nursing in Britain, was the present wise and kindly Governor-General of Canada, the Earl of Athlone.



Before he and his colleagues had completed their task and set their signatures to their enlightened document, the latest war had broken out. And then to all their cogent arguments was added another powerful argument. It was not demonstrated on paper, but on the field of action. It was not written in ink but, before long, in the blood of nurses. It was the argument that just as when the life of an individual is threatened it is often a nurse who comes to the rescue, so when the life of a nation is in mortal danger the whole body of nurses come to its rescue.

As Minister of Health, during the Battle of Britain, I had particular opportunities of watching the conduct of the nurses in those stirring episodes. Of course, before the battle broke we were prepared for it. For one thing, with the prospect of casualties on a gargantuan scale, we had created a vast Emergency Hospital Service. In it the famous voluntary hospitals and increasingly important municipal hospitals were more or less merged. To them were added the buildings of numerous other institutions, which were turned into temporary hospitals for the duration of the war. In addition large communities of new huts were built in the grounds of many of these places, containing up-to-date wards, x-ray departments and operating theatres. In a similar way many of the cottage hospitals in rural Britain were expanded. On top of that some of the noblest country mansions were transformed into hospitals. And lest all that did not prove enough when the hour of onslaught struck, other stately houses and famous schools, which were being used for other purposes in the meantime, had beds, blankets and equipment stored in their nether regions or immediate neighbourhood, so that their rooms too

could be changed into wards and operating theatres at a moment's notice.

To staff this Emergency Hospital Service we naturally mobilized a great multitude of nurses. I hope you will not misunderstand me when I say that they were all thrown into a common pool. For instance, the War Office controlled very few hospitals in Britain itself. It had been agreed as a matter of administrative efficiency that so far as possible one authority in Britain should be responsible for the care of all wounded, whether military or civilian, inside the island. So with a few exceptions all the hospitals were put under the ultimate control of the Ministry of Health. And when our army had been beaten off the continent, and nurses as well as soldiers were evacuated from Dunkirk—when we had not yet opened up other fronts, and the whole force of the enemy's attack was loosed upon Britain itself—the War Office readily agreed that the services of army nurses should be called upon by the Ministry just as much as they were needed.

Of course, there was already a great force of highly competent civil nurses who formed the nucleus of the nursing staffs in the new huge hospital service. Other registered nurses who had retired returned to work, and fresh youngsters were all the time being trained. In addition we formed a reserve army of less thoroughly trained auxiliary nurses who were available to reinforce the wards. As it turned out we were prepared for something much worse than the Germans have yet been able to do to us. But it was really the steadfastness of the population, including the nurses, which prevented things from being much worse.

When total war came upon us in deadly earnest, the nurses passed every test that was imposed upon them. Their

professional skill was not found wanting. They had a great part in establishing the remarkable record that only 1.7 per cent of the many thousands of wounded soldiers who were carried across the English Channel straight from the battlefields round Calais and Dunkirk died of their wounds. And when the enemy's attack struck sharply across Britain itself no one behaved with surer courage than the nurses.

I remember the first occasion when one of our London hospitals was badly hit. I visited the place at once, to see for myself whether our plans for rescue, for the evacuation of patients, and other emergency services had worked satisfactorily. A direct hit by a high explosive bomb had made one wing of the hospital into a broken skeleton. And what stirred me most in the story that I heard was the conduct of the nurses. Through the dark night, whilst the raid was still in progress, they had hurried amongst the ruins helping to dig out patients who were buried alive, tending those who were suffering from shock, comforting those who were frightened, and needed words of comfort. They had set an example of coolness which took no account whatever of their own personal safety. I had the honour of drinking a cup of tea with them. They were a small company of average young women. They were tired after the night's grisly work; some of them were a bit shaken; but not one of them gave as much as a thought to quitting their posts even for an hour.

One of the things that has seen them and their comrades in Britain through their trials is their gay, defiant humour. In the midst of the most desperate and baffling situation someone will make a joke and set everyone laughing. Of course, occasionally the humour is unconscious! I remember a man who was knocked out by a bomb which landed

close by him. Thirty-six hours later he came round, and found himself lying in a hospital ward with a young cockney nurse bending over him. He felt so dreadfully sore and depressed that he asked, "Nurse, have I come in here to die?" "Oh no," she answered with a bright smile, "you came in yesterdie."

Before long the nurses were doing much else besides helping to care for the wounded in the hospitals. From the beginning, of course, many of them had occupied other stations on the battleground. Every first aid post in the streets had its team of nurses standing ready day and night. To them came the walking casualties, people too slightly hurt to need immediate hospital attention. I often watched them coolly and deftly snipping off some of the hair of people with superficial head wounds—whilst the noise of falling bombs sounded from the streets outside. Then other nurses manned the mobile first aid units, which raced to scenes of catastrophe which were remote from any fixed post. And yet others were on the ambulances which bore the seriously wounded through the cannonade to the hospital doors.

But soon the help of nurses was required in yet other places on the field of battle. For example, many citizens crowded into the tube stations and underground vaults and other huge shelters against the raids. They stayed in those places all night, night after night. But such subterranean congestions were a threat to the public health. In order to meet and conquer that danger a fully equipped medical aid post was established in every one of those large shelters, and a pair of trained nurses was in constant charge of them. Then other new institutions grew up amongst the seered and scarred streets of bombed towns. They were the refuges where



homeless people could get food and rest and shelter. There were thousands of those places, and many of the people who came to them only a few minutes after being bombed out of their own homes were suffering from shock; or they too were bruised and cut and they needed immediate expert care. A permanent member of the staff in every one of those merciful places was a nurse. The nurses were in other places as well. They were stationed in munitions factories and other vital centres from which the British nation waged its magnificent war against the tyranny which had overrun the rest of Europe.

The stern, unbending John Knox once spoke of "a monstrous regiment of women". Well, Adolf Hitler might well now complain of the monstrous regiment of women in Britain. It is no exaggeration to suggest that they have stood between him and victory. I doubt whether the spirit of even the tough population there would have survived the strains put upon it but for their unfailing resolution. And also their heroic, tireless work. For it is not only as nurses that they have acted

through the din and danger of battle. As air raid wardens, ambulance drivers, telephone girls, auxiliary firemen, anti-aircraft gunners, munitions workers and all manner of other citizen warriors they have helped to keep the foul enemy at bay, and they will go on helping until we have brought him to his knees.

And you Canadian nurses are in the struggle too. Some members of your Association were with the Canadian troops in Hong Kong, and are now prisoners of the Japanese. Others are in South Africa, nursing the wounded who come there from the crucial battlefields of the Near East. Yet others are in Britain, waiting to join in the adventure which will befall the Canadian overseas army before this war is finished. That army's day will come. General MacNaughton has called it a dagger pointing straight at Berlin. We shall not gain our victory until that beautifully steeled weapon has been used. And when the Canadian army moves forward to its high destiny, many Canadian nurses will go with it. From the bottom of my heart I wish all of you good fortune now and in the future.

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## The Significance of the Joint Conference

KATHLEEN RUSSELL

The general topic for this morning's session calls for consideration of the responsibilities of the Canadian Nurses Association, immediate and post-war, which indeed is the one topic dominating all of our thoughts. I am asked to comment upon a conference which was held on the last two days of September of last year, a conference shared by representatives of the university schools of nursing in Canada together with the members of the Executive Committee of

the Canadian Nurses Association. The reason for making this the starting point, this morning, is that it was at that conference that the C.N.A. outlined a programme which has resulted in some clear cut and concerted action which is to be reviewed this morning.

First we should recall the circumstances of that conference. The initial factor that brought it about was a letter sent last July to the Executive Committee of the C.N.A., by one of the Pro-

vincial Associations, namely the Registered Nurses Association of Manitoba. That letter voiced the concern — by that time felt generally — regarding the growing problems of Canadian nursing services, problems resulting from the war situation, or at least intensified by this. The letter reviewed the special weaknesses of nursing supply, voiced the fear that ill-advised remedies might be forced upon us, and then proceeded to offer one definite suggestion, namely the enrolment in Canada of a special class of young women to take a nursing course under very particular conditions. In fact it was suggested that Canada should arrange a course patterned on the plan of the Vassar Camp organized in the United States during the last war. Briefly this was meant to be a national effort, with a staff assembled temporarily for this purpose, the enrolment to be restricted to a group of university graduates selected as being relatively mature, to offer this training in a period somewhat shorter than the usual three years, and to have the candidates selected with the idea of providing leadership material. It was assumed that, if necessary, a number of Canadian hospitals would be willing to co-operate in working out such a plan. Have I made it clear that there was no suggestion here of a new school, nor was there any thought of permanent organization. Like the Vassar Camp of 1918, it was to be strictly an emergency war measure that might not go further than the enrolment of one class.

This suggestion was offered as one method of helping to meet several of the dangers confronting the nursing profession, such as the lowering of entrance standards, the increased crowding of the hospital schools, the further overloading of the harassed instructors in these schools, and the present dearth of leadership material in the professional ranks. The difficulties in the way were

the cost, the hard work involved, and the timidity of the nursing profession. When this particular course was suggested no exact name was given it and, unfortunately it was grouped with other quite different suggestions under the title "central school"; a good deal of confusion has resulted thereby, so now an exact name must be found. Temporarily, for the purposes of this paper, I am going to call it a Canadian War Course. As the objections to this name are obvious, I am ready to give way to the first person who will improve on it.

As it was assumed that this Canadian War Course, if established, would be placed at some university centre where the preliminary work at least would be done, the Manitoba letter suggested conference with the staffs of our university nursing schools. The C.N.A. Executive accepted the suggestion and in September called the meeting which is now under discussion.

So much for the background of the meeting. Now we arrive at the meeting itself. In the words of the programme, I am asked to speak of its "significance and importance" but, as those two words approach each other so closely in meaning, I shall not attempt to separate them. We speak, then, of the significance of that September meeting or, in other words, of what was purposed at the time, and of what may be expected to follow from it. What then did happen on those two days last fall; what in consequence, has happened since; and what is likely to happen in the coming months? First, the questions must be answered negatively for, when the conference took place, the original suggestion of a Canadian War Course was not dealt with directly. It merely took its place as one of a number of suggestions which were presented for discussion: actually it did not receive a great deal of consideration. Perhaps it will be



brought back more sharply for attention today.

Having sidetracked somewhat the issue that served to call it together, what matters did the conference take under consideration? It went back to search the original causes of uneasiness about nursing, and agreed that these consisted of both quantitative and qualitative shortages in nursing service. Some careful analytical thought was given to the exact nature of these shortages which were found to be varied, but specific rather than general, showing particularly a scarcity of instructors, ward supervisors, public health nurses and general duty nurses. Opposed to this, it appeared at that time that the student nurse group was filled well, the military services were supplied bountifully, and the private duty group reported no shortages. Also it was possible to supply readily any special group when the demand came from other countries for Canadian nurses: examples of this are the units enrolled for Scotland and South Africa. This analysis of the Canadian nursing situation resulted in the proposal of a number of activities designed to meet the various needs and, following the joint meeting, the C.N.A. Executive Committee put these proposals into shape as a list of formal recommendations which, as you know, were published immediately. It should be asked, therefore, if any purpose was served by having called the representatives of the university nursing schools to that meeting with the C.N.A. Executive. Perhaps not as directly as would have been the case if the meeting had proceeded to work out a Canadian War Course to be placed at a university centre; but, as it transpired that many of the recommendations were dealing with educational questions, and some particularly with post-graduate and refresher courses in the university schools, it was possible for the uni-

versity representatives to give immediate help in the deliberations that took place. An indirect result has been the proposal that some form of permanent association be adopted by the university nursing schools.

Thus we have surveyed the September conference, the reason for calling it and the nature of its deliberations. The action that has taken place since will be dealt with fully by other speakers this morning. Perhaps the significance of the meeting can be summarized by stating that it has given to the nurses of Canada a four-fold opportunity to be described as follows: First there was the opportunity of the original meeting which provided a candid discussion of the needs and weaknesses of present nursing services, and offered proposals for improving the situation. Second, the opportunity during the past winter and spring to live through the first general reaction to those proposals. This reaction has supplied much interest and support, but has contained also a plentiful amount of misunderstanding, objection and withdrawal. Third, the opportunity for this second conference here this morning, made doubly valuable because of all the discussion which has taken place since the first meeting. Fourth, the opportunity now to go forward, immediately, quickly, insistently, courageously, wisely.

Will there be further extension of this opportunity? We wonder. Surely we may hope that, before another Biennial Meeting of the C.N.A. takes place, the end of this war may be within sight. It would seem, in relation to the war emergency, that, by that time, either we shall have acted wisely and strongly with the result that Canadian nursing will have served to the utmost, or we shall have muddled through, serving and failing alternately. Also, as far as future professional progress is concerned,

either we shall have turned a great emergency into a real opportunity to make progress, or we shall have lost this opportunity irretrievably.

This morning's discussions are very important. Can we watch ourselves? Can we analyze ourselves and our motives? Willingness to serve? Yes, to an amazing degree. But we are very timid; very jealous in both the strong and the weak senses of that word; and set in a mold that was formed under circumstances that differ from the present. Do we allow ourselves an unprejudiced examination of new proposals? If not, at least we seem not alone in this weakness, for are we not, ourselves, hurling this same accusation at all other groups today, governments, military authorities,

industry, and so on. Can we take warning, face the facts of inevitable development, realize that we must adapt to meet this development, and be ready to accept some risks? Have we no faith in ourselves and our own generation? As the Victorian age was able to produce a nursing training that suited its own day, marched with its own educational framework, and produced, thus, some nurses with a fine sense of discipline and responsibility and devotion, is it too great a task for us to adapt to the educational possibilities and demands of 1942 and at the same time to produce some nurses with an equally fine sense of discipline and responsibility and devotion? Our conference this morning should help us to find the answers to these questions.

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## The Report of the Emergency Nursing Adviser

It is my privilege and responsibility to report on the activities of the Emergency Nursing Adviser to the Canadian Nurses Association and some of the developments that have taken place in connection with these. Since her appointment, the Adviser has worked closely with an advisory committee consisting of the president and the two vice-presidents Miss E. K. Russell and Miss F. Munroe. Miss Maisie Miller was appointed secretary of this committee. The Adviser is deeply grateful to Miss Marion Lindeburgh, chairman of the committee, and to all the members for their advice and guidance which has been a source of great support and encouragement.

It will be borne in mind that the responsibility of the Emergency Nursing Adviser, as outlined at the joint conference held in Montreal in September

1941, and by the advisory committee, was primarily to make contacts in the nine provinces for the purpose of giving assistance in implementing the recommendations that resulted from the joint conference and to obtain a bird's-eye view of conditions. The nature of the visits did not permit of any detailed study being made, and those paid to hospitals were not in the form of inspections.

Doubtless, an intensive survey would have resulted in more tangible proof of the efforts expended and, in statistical report, that might have presented a more effective word picture. However, at the outset the fact was stressed that contacts and action were desired rather than an accumulation of facts and figures. Some of the latter have been made available through the co-operation of provincial representatives and registrars.



While some of the reports did not arrive in time for full use to be made of the figures contained in them, these will be tabulated later and have afforded the necessary support for many of the statements contained herein. The period of three months originally mentioned for the activities of the Adviser was early extended, as it was realized that this time would not allow for more than the initial contacts being made in all provinces, with possibly more concentrated visits in a few of them. The latter were paid in Quebec, Ontario, and British Columbia. The minimum time spent in any one province was 24 hours and the maximum 21 days; the latter period covered all visits. Before the Adviser accepted the appointment it was understood that it would be necessary for her to return to Saskatchewan by April 15 and to her permanent duties for an uninterrupted period of six weeks.

The appointment of Mlle Giroux as an associate to work in the French-speaking hospitals was a very happy one. Mlle Giroux carried on a very active campaign in the Province of Quebec, especially between the time that she was released from hospital duties and her appointment to military service. While we share with Mlle Giroux the honour of her appointment to military service, it is a matter of regret that her services with the Canadian Nurses Association cannot be continued, except for a brief period when the Matron-in-Chief has graciously suggested that Mlle Giroux may be permitted to complete the plan made for her to visit one or two other centres. It has been a great pleasure to work with Mlle Giroux. With sincerity and enthusiasm she has interpreted the purpose of her activities and, in the words of the Provincial Registrar in Quebec, "has done an excellent piece of work".

The work of the National Adviser

began officially on January 19, 1942. After her arrival in Montreal about ten days were spent at the National Office in order to initiate a programme of visits and to make preliminary contacts in Quebec and Ontario. Before the visits began, a letter was sent to all provinces enlarging upon the recommendations and suggesting ways in which they might be implemented. It was also requested that a representative be appointed in each province to work with the Adviser, and to do follow-up work which obviously would be necessary. With the exception of certain general suggestions and recommendations regarding press publicity, the arrangements for the Adviser's visits were left in the hands of the representatives. A report on the results would make an interesting story. In many instances even brief visits were made use of in a most surprising and gratifying way. The ready response met with in the Province of Quebec, with little if any time for preparation, will always be a matter of special appreciation.

In one province, by special arrangements made through the provincial association at a single session, the Adviser met the superintendents of nurses in all but one school. In another province, at one meeting she made contacts with the president of the University, heads of the provincial and city health departments, the Dean of Medicine, the president of the Medical Association, representatives of the boards of directors in two hospitals and a representative of the Red Cross Society, the president of the provincial and local Nurses Association, the superintendent and the superintendent of nurses in two local hospitals, and a number of nurses. In three provinces the Adviser attended the annual meetings of the provincial associations and, in two provinces, special quarterly or district meetings. These contacts were

of great interest and value.

On many occasions, when visits were paid to hospitals, opportunities were afforded for contacts to be made with boards of directors. We are particularly indebted to the Department of Health in Ontario and to the Director of nurse registration, Miss Munn, and to the inspector of schools, Miss Hilda Bennett. In this province the inspector of schools of nursing was released and, with the department, took charge of transportation and accompanied the Adviser on many of her visits in the province. This not only gave very valuable support, but added very greatly to the pleasure of the visits. When carrying out activities in connection with the re-organization of registries, Miss Madalene Baker also gave most valuable assistance in this province, and included some very effective presentations of the recommendations and work of the Adviser as she made contacts in the northern part of the province.

The Adviser wishes to express most cordial appreciation of the co-operation and assistance given by the provincial representatives, registrars and nursing leaders in the provinces. It is realized that the effectiveness of the work is directly related to this support which frequently involved expenditure of time and effort on the part of very busy people. The Adviser is also indebted for the very cordial welcomes extended to her and for much hospitality. The work has proved a rare opportunity to make new friends, as well as to strengthen professional ties. The number of addresses given by the National Adviser total 104, plus 49 special conferences. These indicate the understanding attitude that paved the way for the Adviser's visits and capitalized upon opportunities.

An attempt has been made to keep in touch with the provinces by letter and

report, and to supply them from time to time with material that it is felt will be of value. Owing to limited time and lack of experienced secretarial help which is difficult to obtain, especially when travelling, the Adviser feels that this phase of the work has not been covered as adequately as she could wish. However, the following material has been sent to each province in addition to information dealing with specific problems: (1) a letter of general information enlarging on recommendations; (2) information regarding preliminary schools, refresher courses, scholarships, the status of the general staff nurses, private duty nurses, in-service education, publicity, and (very recently) salary schedules. An effort has been made to interchange pertinent information received from provinces, especially that which has bearing on developments relating to the recommendations.

In May, the Adviser attended the National Biennial Nursing Convention of the American Nurses Association, the National League of Nursing Education and the National Organization for Public Health Nursing and, at the request of the President of the C.N.A., took greetings from the nurses of Canada. The registration of this convention numbered over 10,600, and the opportunity of attending the sessions was an inspiring one.

In the allotted time it would be impossible to report in detail on the activities that have been carried out in the nine provinces and, in this report, the Emergency Nursing Adviser will only attempt to touch on these in some general statements. In order that the work in the provinces may be more closely identified, the provincial advisers have very graciously consented to speak to certain recommendations, and by this means to present them in a live form for further discussion.



A study of the recommendations reveals the fact that they are built around (1) the graduate nurse; (2) the student nurse. They deal with the preparation, development and interests of the nurse in order that she may serve to her fullest capacity, especially in the present crisis, and enjoy legitimate satisfactions in return. The nursing profession is concerned with providing adequate personnel in order that necessary nursing service may be available to all the people of Canada now and in the future. The recommendations deal with:

The special preparation of teachers, administrators and supervisors, without which our schools and public health organizations cannot carry on effectively.

An adequate supply of suitable candidates for schools of nursing and how this may be sustained.

The support of standards and possible plans for acceleration in preparing nurses for the field (centralized courses) without endangering standards.

The stabilization of nursing services by the organization of stimulating programmes for all graduate nurses; improvement of working and living conditions and hours of duty for nurses; recognition of the importance of the general staff nurse as one who assumes a great deal of responsibility for the nursing service in most hospitals today.

Plans for meeting any emergency that may arise.

Directly affecting all these developments is the question of financial aid and appropriate publicity as part of an educational programme. The president of the Canadian Nurses Association has already spoken at some length of one appeal made for financial aid. In the recommendations reference is made to other potential sources of aid. These must be thoroughly explored. A resolution has already been forwarded from one province to the Executive Committee of the Canadian Nurses Association regarding the possibility of obtaining financial assistance in the recruitment of applicants

from the Federal Youth Training Plan that is now in operation. Recently the Kellogg Foundation made a gift of scholarships and loans to a number of university schools of nursing, and at least one organization has already given scholarships to aid six students in the first year of a nursing course. These developments are encouraging.

A plan for a national publicity campaign, accepted by the Advisory Committee, has been approved by the Executive Committee of the C.N.A. The plan in question is to be under the direction of Mr. W. A. Lawrence, publicity counsel in Montreal. It is recommended that this go into effect immediately.

In support of the recommendation dealing with the need for co-operation with the medical profession and special groups, at the request of the president of the C.N.A. a letter was sent by the Emergency Nursing Adviser to the secretary of the Canadian Medical Association urging that consideration be given at the meeting to the desirability of members of the medical profession keeping themselves definitely informed of conditions as they exist in centres in which they are practising, and of the enormous burdens being placed upon hospital and school of nursing administrators and nursing personnel at this time. A copy of this letter was also forwarded to the president of the Canadian Medical Association and to the secretary of the Canadian Hospital Council asking their support of the recommendation. It was suggested that, as a wartime measure, demands on hospital service might well be reduced to a minimum that is consistent with the adequate protection and comfort of the patient and welfare of the institution. Other developments in connection with the recommendations that arose out of the Joint Conference are to be told to us by the provincial representatives today. The fact

is emphasized that without this understanding and support there would be little to tell.

The Adviser wishes to express her cordial appreciation to the editor of *The Canadian Nurse* for her support and assistance, as seen in the liberal use made of the *Journal* to keep members of the profession informed of developments. The Adviser is also very grateful to the Executive Secretary of the Canadian Nurses Association and her assistant for all the facilities placed at her disposal and for their readiness to help at all times. Again it is realized with appreciation that interruptions and special demands have often placed an additional burden on busy executives. It is earnestly hoped that these may be fully justified as the work proceeds.

It has been said that crisis is the cross-road between achievement and disaster. We are now facing a crisis of very great proportions. It is earnestly hoped that out of this there may arise unquestionable evidence that the nursing profession has accepted this challenge and directed its full effort towards more perfect achievement of those things for which it stands. As nurses, many of us are concerned by the overwhelming responsibilities that the nursing profession has accepted over a period of years. In the recommendations we suggest that the time has come when these responsibilities must be shared by other professional groups and by all the people of Canada.

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These are the recommendations and proposals resulting from the report and findings of the Emergency Nursing Adviser, Canadian Nurses Association, with the amendments adopted at the General Meeting, June 1942:

*Recommendation 1, Special Prepara-*

*tion of Nurses:* It is recommended that the policy of stimulating interest in post-graduate work be continued and emphasized in every way possible in order that specially prepared nurses may be available for key positions in requisite numbers and that this policy include:

Persistent appeals to superintendents of nurses to interest suitable candidates in post-graduate work and to prepare them for it.

Continued efforts to establish scholarships and loan funds, and to interest nurses in making use of these.

The tapping of *all* sources from which financial aid may be forthcoming. In addition to aid from the Federal Government, there are many other sources from which financial assistance may be obtained, such as foundations, boards of directors, alumnae associations, etc.

The adoption of measures to impress upon the graduate nurse the importance of preparing herself through post-graduate work to meet the demands of the present crisis and ones that will inevitably arise during the period of reconstruction. In many schools the need for preparation after graduation is kept before the student nurse as an objective for which she should be planning. This is a sound policy, and one that authorities in schools should be asked to support consistently, although some experience is recognized as desirable before a nurse undertakes post-graduate work.

The careful study of conditions of employment for the purpose of making these as attractive as possible, including hours of duty, salary, living conditions, opportunities for personal freedom and growth.

*Recommendation 2, Post-Graduate Courses:* It is recommended:

That courses be established in Canadian hospitals on a *graduate* nurse level. Tentative standards for the setting up of post-graduate courses have been prepared by a special committee of the Canadian Nurses Association. Very careful study should be given to these.

That post-graduate courses in the various specialties, such as medical and surgical nursing, operating technique, etc., be organized



to include additional clinical experience, and experience in ward administration, plus courses in methods of teaching and ward management. Presumably the latter would be taken at a university or some such centre.

That University authorities be asked to give consideration to the desirability of giving more intensive courses in public health nursing, teaching and supervision, or to the dividing of such courses so that they may be taken in four-month periods in two different years, with a credit towards a certificate course. This would suggest the desirability of establishing a credit system which already exists in some universities. At the General Meeting, the following addition was made to this recommendation: "Whereas it is recognized to be sound and progressive educational policy to keep universities open on a yearly basis, dividing the year into semesters or quarters, be it resolved that steps be taken to develop courses in nursing education on a semester basis; furthermore, that particular stress be given to the opening of university summer sessions to nurses, and that such work be given full credit towards a diploma or a degree". This recommendation is to be referred to the incoming executive with the suggestion that they confer with the new Provisional Council of University Schools in order to implement it.

It is suggested that more attention be given to the possibility of a student securing monetary allowance while taking post-graduate work in return for some suitable service that might be undertaken in addition to the work of the course. It is understood that this policy also is observed in some centres. It should be applied with discretion.

*Recommendation 3, Student Personnel and Recruitment:* The recommendation that "continuous study be made of conditions most fundamental to the welfare of student nurses and to the improvement of their professional education" is re-stated. Living conditions, hours of duty, personal restrictions and physical strain are continually cited as deterrent factors to the choice of nursing as a career. Therefore it is recommended:

That constant study be given by authorities in individual schools to these problems, and that whenever feasible the assistance of provincial and national organizations be sought in bringing about more desirable conditions.

That the recommendation that every consideration be given to the establishment of a 96-hour fortnight for graduate nurses and students, with one whole day off duty each week, be definitely re-endorsed. At the present time this recommendation offers special difficulties. However some relief measures are suggested later in this report.

That a definite campaign be organized in each province to provide for contacts with principals and students in high and private schools and universities, in order to present to them desirable information regarding nursing. The assistance of younger nurses engaged in various fields of professional activities may well be enlisted in making this presentation. Use may also be made of the press and radio. At this time the recruitment of a desirable type of student for schools of nursing is very essential, if the number of candidates is to be kept at a normal or somewhat higher level.

That without delay a study be undertaken to determine if the number of nurses now being graduated is sufficient to meet the present demands and those of the future as these can be foreseen. It is very essential that the Canadian Nurses Association now be prepared to give guidance to authorities in schools in this matter. The following recommendation from the Hospital and School of Nursing Section was endorsed by the General Meeting: "That whereas there is a greatly increased demand for graduate nurses due to war and emergency conditions and a shortage of nurses, both graduate and student, which is felt most keenly at the present time, be it resolved that, as a war measure, steps be taken to meet the serious shortage by temporary increase in student enrolment in approved schools of nursing where it is possible to strengthen teaching and supervising staffs to a satisfactory degree". It must be borne in mind that schools of nursing are now meeting stiff competition; nursing should be kept before the public as a truly national service and one which

presents opportunities that will not end with the war.

That schools having more desirable applicants than they can accept, refer these to other schools; otherwise these young women may be lost to the profession.

That whenever possible a re-interpretation of nursing in the light of modern trends be given. This should be distinctly helpful in securing a better informed public.

That every effort be made to support sound standards and requirements in approved schools although it is suggested that, without seriously affecting standards, the minimum entrance age requirement may be reduced to 18 years as a special war measure. When considering standards, it is interesting to note that more than twice the number of applicants required for the September class is reported in one school in which the minimum entrance educational requirement is grade 12, plus chemistry and physics or biology.

*Recommendation 4, Central Preliminary Schools, Acceleration of Preparation, Protection of Standards:* It is recommended that studies in connection with the establishment of central preliminary teaching be vigorously pursued, not only as a wartime measure but in recognition of the fact that there is a trend in nursing education towards centralization, although the development has progressed slowly. The various types of centralized schools and lecture courses may be summarized as follows:

*Type 1. Centralized Teaching or Lecture Courses:* As an arrangement between schools in one centre, this policy overcomes the necessity of repetition and the demands made upon the lecturers and teachers. It also tends to keep up the quality of teaching to a more uniform and recognized level.

*Type 2. "The preliminary teaching central to an area where there is a 'Centralized Teaching Programme'; the area may be in one city or two or more centres. The autonomy of the individual*

school would not be lost nor its organization or administration changed".

*Type 3. "Central to a Province":* where one or more university centres could be used for preliminary teaching. The policy would be similar to the one outlined in Type 2 except that it would be advisable to recruit students with an educational background sufficiently mature to permit adjustments". It has been suggested that university schools of nursing offering degree courses fill the function of this type of school.

*Type 4. "A course which would be open to university graduates who would have the maturity to undertake a more intensive preliminary course and be enabled to enter the nursing service more rapidly"; this type of course might well be established as a wartime measure to accelerate the preparation of nurses, and also to make an appeal to college graduates.*

*Note:* The interpretations are taken from the report of the Emergency Nursing Adviser, Registered Nurses Association of Ontario.

Type 1, Type 2 and Type 3 may be carried out as local developments or on a provincial basis but, to be satisfactorily initiated, Type 4 would have to receive at least national recognition in so far as reciprocal registration and other questions of wide implication would be involved. Therefore, it is recommended:

That a committee be appointed by the Canadian Nurses Association to study Type 4 carefully, and to take steps to secure information regarding the financial support that might be available should the establishment of such a school be considered desirable.

That each provincial association be asked to give consideration to the possibility of co-operating in such a scheme through participation and the establishment of reciprocal registration privileges.

This recommendation was amended at the General Meeting by adding:



"That the Executive of the Canadian Nurses Association be empowered to act upon recommendations of the Committee appointed to make this study". At the General Meeting it was stated that the French-Canadian group is not opposed in principle to an experiment in centralized teaching where it is found necessary and recommends that a committee of the Canadian Nurses Association be appointed for further study of this question. If experience proves centralized teaching is beneficial the group may recommend it to the next biennial meeting.

*Recommendation 5, In-Service or Staff Education:* It is suggested that further study be given to the recommendation "that in-service education be extended and enriched". This may be done on provincial and more local basis in both hospitals and health organizations, as a means of (1) keeping members of the nursing staff informed of the rapidly changing conditions in hospitals and communities and of the need for constant and ready adjustments in meeting the present crisis, also of the special measures that it may be necessary to take in order to effect these; and (2) affording stimulation and interest for members of the graduate nursing staff including supervisors, head nurses and general duty nurses, a self-initiated programme to promote activity and growth; (3) preparing the young head nurse or supervisor more quickly for rapid promotions that are inevitable under the present conditions. It is suggested that the previous recommendation of a visiting instructor to strengthen such programmes and the clinical teaching programmes by assisting head nurses, is an experiment that has already been carried out in one centre very successfully. It is a popular idea in others. It is also suggested that the school adviser or other well qualified nurse within a prov-

ince may well be relieved of more permanent duties to undertake this responsibility as the need arises.

*Recommendation 6, Preparation for Emergency Service of Married and Inactive Nurses, Subsidiary Workers and V.A.D.'s:* It is recommended:

That courses for married and inactive nurses be carried on as a continuous programme during wartime in order that interest and contacts may be sustained, and in preparation for an emergency. The outline of courses that is shortly to be released from the national office is based on this policy.

That whenever possible, assistance be given in inaugurating courses for nurses in rural areas and in hospitals not conducting schools. This assistance might take the form of course outlines for guidance, and the release from time to time of a member of a teaching staff or the school adviser to assist in the initiation of such courses.

That courses of lectures be followed by practical experience in wards of local hospitals.

That advice be sought from the Canadian Nurses Association as to the conditions under which approval should be given for married and inactive nurses to register or re-register or to serve without this status as an emergency measure. At the General Meeting it was resolved that "as the services of married and inactive nurses are urgently needed in hospitals and elsewhere, those nurses who have at some time been registered nurses and who undertake the available refresher courses be granted emergency registration status for the duration of the emergency if they give their service on a voluntary basis; and that those nurses who wish to serve for remuneration be required to secure provincial registration. It is further recommended that consideration be given to the possibility of a special examination to meet the needs of this group". It should be noted that it is important to have the emergency registration card very different from the other type and perhaps also to recall these when the emergency ceases to exist in order to prevent misuse.

That consideration be given to a request

that has been received for some study to be given by the Canadian Nurses Association to the possibility of obtaining exemption from income tax for married women who are assisting by giving nursing service in a national crisis.

*Recommendation 7, Status of the General Duty Nurse, Stabilization of Nursing Service, Problems of Shortage of Nurses and Relief Measures:* It was recommended that special study be given to the recommendations regarding the improvement of status for the general duty, or staff nurse, as of the utmost importance. Recognition of her services through adjustment of salary, hours of duty (96-hour fortnight, or at least one whole day off each week) assignment of duties, living conditions, are very essential. Already from one province has come a resolution that this nurse be known as the general *staff* nurse. At the General Meeting it was resolved that the term "general staff nurse" replace the term "general duty nurse".

Attention is directed to the report of the Joint Committee of the American Nurses Association and the National League of Nursing Education published in 1941, a summary of which appeared in *The Canadian Hospital Journal*. While not altogether applicable to Canadian conditions, many valuable suggestions are found in this publication. Special conference with the general duty group and private duty nurses through provincial organizations and local units, is definitely recommended. It is also suggested that an appeal, in the form of a personal letter, sent to each member through the provincial organizations might be helpful in stabilizing nursing service at this time and in meeting the shortage of nurses, by bringing to the attention of each nurse her personal responsibility in meeting the present crisis.

One possible remedy is seen in the employment of subsidiary workers in

larger numbers and in the use of V.A.-D.'s: Further relief may be found in:

The simplification of procedures and other adjustments that must be faced as wartime measures.

A conservative use of the private duty nurse, when a luxury service, may well be considered. In some centres this suggestion has come from the private duty nurses, and could only be initiated through their co-operation.

The consideration of group nursing for patients needing special nursing service is also recommended.

*Recommendation 8, Co-operation with Medical Profession and Special Groups:* It is recommended that consideration be given to the importance of co-operation between all groups concerned with the care of the patient and community welfare; this includes members of boards of directors, the medical profession, nurses and others. For the purpose of keeping them informed and of enlisting their sympathy, it is recommended that, provincially and locally, conferences be arranged between local representative groups and recognized organizations.

*Recommendation 9, Publicity:* It is recommended that special attention be given to the question of appropriate publicity. It is recognized as a very important one. All provincial associations should participate actively in the long-term programme of publicity covering a period of six months, as submitted by Mr. W. A. Lawrence, Publicity Counsel, and already approved by the Executive Committee of the Canadian Nurses Association. The fact is stressed that in order to be effective, publicity through use of press, radio, speakers and other agents, must be consistently carried on. Representatives of many of the provinces are fully aware of the importance of this development and have capitalized upon opportunities, as is seen by the folder of clippings forwarded from the



various provinces. It is realized that these do not represent the total efforts that have been directed towards appropriate publicity, which have taken many and varied forms.

Government assistance has been promised through introductory letters, support of editorials, the radio broadcast known as "As a Matter of Fact", and possibly the preparation of a film. As Mr. Lawrence's contract has been accepted by the Executive Committee of the Canadian Nurses Association, it is recommended that these developments be undertaken through him. The objectives sought through such publicity may be summarized as:

The stimulation of interest in nursing as a national service of a permanent nature, in order that a sufficient number of desirable applicants may be available in approved schools of nursing: (a) to keep up present enrolment; (b) for some increase over present numbers.

To make known the need for specially qualified nurses to fill positions of responsibility, and the necessity for post-graduate courses.

To interpret nursing to the public (a) as an essential community service; (b) as a special opportunity for national service, and as a career; (c) in its many implications and expanding fields; (d) as a profession that has accepted many responsibilities in meeting public needs.

To interpret nursing education as a preparation for life and service.

To stress the responsibility of the public towards nursing service and nursing education for the purpose of obtaining interest, moral support and financial aid.

To recognize the value of the subsidiary and voluntary worker, and to define and evaluate her functions as related to those of the graduate nurse.

*Recommendation 10, Continued Activities:* It is recommended that the work of the provincial advisers be continued, and that every effort be made to study and interpret the work of the national

and provincial advisers and its relationship to professional objectives. Through the provincial associations and provincial advisers, a continued effort should be made to bring to the attention of all members of the profession the problems arising out of the present crisis and the responsibility of individual members in meeting these, and in planning for the part that nurses must take in building towards the period of reconstruction and better world conditions that it is earnestly hoped will arise out of the present crisis.

Few, if any, nursing situations have been untouched by the present crisis, but in some centres the problems are being heroically met and truly challenge the courage and ingenuity of the most able administrators both in hospitals and public health fields. An understanding of *their* problems is very essential, and a greater understanding of the problems of the individual nurse is also very necessary — we must know one another. Furthermore, the value of publicity has been very definitely stressed, but the most valuable publicity that the profession can have is that which will result from a sympathetic and intelligent interpretation of nursing, and that for which it stands, by nurses themselves.

KATHLEEN W. ELLIS

*Emergency Nursing Adviser  
Canadian Nurses Association*

*Editor's Note:* The following report was presented by Mlle Suzanne Giroux who, as indicated in the report of the Emergency Nursing Adviser, was associated with her in the French-speaking hospitals:

Le rapport suivant porte sur le travail accompli de concours avec Mlle K. Ellis dans la province de Québec et concerne tout particulièrement les écoles de langue française. Dans ce compte-rendu vous trouverez des constatations, des suggestions qui sont données ici dans le but de servir de point de

repère pour un travail qui doit être continué par chaque directrice d'école et chef de groupe selon les directives qui leur seront données par l'Association, directives qui seront basées sur les besoins de chaque groupe.

Un questionnaire fut adressé à 26 écoles de la province et 17 visites furent faites aux directrices des écoles les plus importantes ou les moins éloignées. Quatre conférences furent faites à différents groupes et il m'a été possible, grâce à un concours providentiel de circonstances, d'exposer la situation des infirmières du Québec à des personnes influentes directement ou indirectement en contact avec le monde hospitalier. Nous espérons que ces entretiens auront une heureuse répercussion.

*Hôpital et école de nursing:* Les écoles d'infirmières dans la province de Québec sont, sauf quelques exceptions, entièrement dirigées par des religieuses. Il s'en suit que les deux premiers problèmes de la page 1, paragraphe A, cités lors de la réunion du Conseil de l'Association des Gardes-Malades du Canada et des représentantes des universités, à savoir: manque de personnel dûment qualifié, institutrice, infirmière en chef, n'existe pas. Les problèmes concernant le personnel sont plus ou moins aigus selon l'élément stable du personnel (nombre plus ou moins considérable de religieuses employées dans l'hôpital); la localité; l'étude de la situation actuelle et sa compréhension.

En général, l'on s'accorde à dire que le 3ième problème, à savoir le manque d'infirmières graduées pour le service hospitalier et le service privé, se fait sentir. Que les inscriptions des élèves (mai 1942) ont diminué dans bien des écoles, Montréal, Québec, surtout la métropole semblent les endroits les plus touchés. Dans certains milieux, grâce à un personnel religieux nombreux, une sécurité existe vraiment; l'on n'a pas moins fait une étude sérieuse de ces problèmes, constatant qu'ils sont intimement liés à l'avenir de la garde-malade laïque de cette province et que la majeure partie de la responsabilité de son avenir repose sur les centres de formation de ces futures graduées, les écoles d'infirmières.

*Hygiène publique:* Dans la province de

Québec l'on déplore, comme dans les autres provinces, la pratique d'employer des infirmières non qualifiées (comme hygiénistes) dans les situations d'hygiène publique. Je dois dire à l'honneur de nos infirmières que le nombre d'infirmières qualifiées va toujours en augmentant et que les chiffres sont imposants.

*Service privé:* Nous devons reconnaître dans ce groupe, des infirmières très dévouées mais leur individualisme est leur plus grand ennemi. L'opportunité de réformes sérieuses ne se présentera peut-être jamais plus dans des circonstances aussi favorables qu'à l'heure actuelle. Il est à souhaiter qu'une collaboration plus étroite s'établisse entre ces membres.

*Objectifs:* Les objectifs cités dans la même conférence sont comme suit: maintenir et améliorer graduellement les qualités du service de nursing dans tous les domaines; maintenir un nombre suffisant d'infirmières qualifiées pour toutes les situations; protéger les standards professionnels contre l'emploi de toutes sortes de gens sans qualifications, dans la pratique du nursing. Ces objectifs ont rallié tous les suffrages. Les recommandations faites dans le but d'atteindre ces objectifs ont été bien accueillies. On les a trouvées raisonnables, équitables et déjà des projets sont faits pour les mettre à exécution.

*Recommandations:* A la page 2, intitulée "formation des élèves" nous constatons que dans le plus grand nombre de nos hôpitaux la journée de huit heures ou la quinzaine de 96 heures existe pour les élèves. Dans d'autres hôpitaux ces heures de travail s'appliquent soit au personnel gradué, soit au personnel de jour, soit à certaines époques de l'année. L'on constate dans certains hôpitaux que l'après-midi de congé commence tantôt à midi, tantôt 1 heure et à 2 heures. Si peu rationnel, si peu charitable que cela puisse paraître, avec le manque de personnel, je crois que la situation actuelle marque le moment où sans tarder l'on doit apporter les améliorations demandées pour le bien-être de l'élève. Si l'on en juge par les améliorations apportées dans le passé, un effort dans ce sens démontre bien souvent que nos craintes ne sont pas fondées. Souvent il suf-



fit d'essayer, de vouloir améliorer graduellement, pour réussir. Si petit que soit l'effort, il nous fait avancer.

La recommandation 2, paragraphe F, demande une étude approfondie. A l'heure actuelle, considérant le mode d'éducation dans la province le milieu où se fait le recrutement des élèves, le degré d'instruction des jeunes filles, une école centrale du type école normale semblerait la chose la plus pratique. Ce centre servirait à deux fins: (a) but principal: enseignement des sciences, religion, hygiène mentale, chimie, etc.; (b) but secondaire: compléter le cours scolaire pour les jeunes filles étant dans l'impossibilité de le faire soit à cause de l'âge, degré d'enseignement limité donné dans la région, etc. Cette école ne serait réalisable, si jugée nécessaire, qu'avec l'aide de subside venant d'autres sources que celles des hôpitaux et des candidates.

*Cours de perfectionnement:* En arrivant dans une école, une institutrice ambulante donnait un cours à 33 religieuses réunies; au même endroit, 2 religieuses de la même maison, faisaient un cours de 2 ans dans une école supérieure. Je dois ici féliciter nos communautés religieuses du souci quelles prennent de la formation de leurs sujets. Je tiens à souligner que dans la région de Montréal, St-Hyacinthe, Sherbrooke, il n'y a pas un seul hôpital où chaque année des cours de perfectionnement ne soient donnés. A Québec, l'Université Laval se propose d'organiser un cours de perfectionnement à l'automne.

Je tiens à souligner le bienfait, pour nos religieuses de la province de Québec de l'Institut Marguerite Youville. Il est à souhaiter que le nombre des élèves aille en augmentant d'année en année et qu'une étroite collaboration s'établisse entre laïques et religieuses pour le bien et l'aide que l'un et l'autre groupe peuvent s'apporter mutuellement. Nous avons demandé à chaque directrice de s'efforcer d'envoyer une élève laïque à nos écoles supérieures pour gardes-malades. Nos écoles supérieures ne sont pas assez connues; une plus grande publicité, plus à la portée des élèves, aiderait au recrutement.

*Publicité:* En plus de la publicité officielle faite par l'Association des Gardes-Malades

du Canada, articles spéciaux préparés par un publiciste pour nos quotidiens, brochure que vous connaissez: "Voulez-vous devenir infirmière?" et un dépliant en images, illustrant la vie d'une garde-malade, nous devons remercier Mlle Geneviève de la Tour Fondue qui publie dans les "Relations" de ce mois un article sur la profession, Mme Jules Fournier, qui parlera des infirmières aux lectrices de "la Revue Populaire", Mlles T. Desjardins et Georgine Badeaux qui, grâce à l'obligeance de M. R. Guenette qui leur a donné une place dans la revue officielle "L'Ecole canadienne" ont écrit l'une, un article sur l'orientation des jeunes filles vers la profession d'infirmière, l'autre un parallèle entre l'étroite collaboration devant exister entre l'institutrice et l'infirmière. Le journal "La Patrie" dans son édition du dimanche a publié une série d'articles concernant l'infirmière. Les fêtes de l'Hôtel-Dieu sont de nature à attirer l'attention du public sur notre profession.

Il serait à souhaiter que chaque directrice d'école d'infirmières visite le principal ou la directrice du pensionnat ou de l'école de sa paroisse, qu'elle fasse connaître les besoins de la profession, le rôle joué par les hôpitaux et les infirmières dans la société. Ces mêmes visites devraient être faites aux curés et aux directeurs d'oeuvres afin qu'ils soient plus étroitement liés et plus intéressés aux écoles d'infirmières. En un mot, il faut faire, nous même, l'éducation d'un public indifférent que nous avons négligé d'instruire et qui nous prend pour acquis.

*Constatations et réflexions:* La chose la plus importante pour nos infirmières de langue française semble être de travailler à l'avancement de l'instruction des jeunes filles de nos écoles particulièrement écoles de campagnes et de nos infirmières laïques graduées. Nos religieuses hospitalières formant un groupe très influent, je crois qu'il est de leur devoir d'exercer une pression auprès des autorités religieuses et civiles pour qu'une étude des problèmes des infirmières en rapport avec l'instruction des jeunes filles soit faite sans retard.

Pour nos infirmières graduées laïques, les conditions économiques ne permettent qu'à un petit nombre de faire des études supé-

rieures sans l'aide de bourses d'études. Il est à souhaiter que chaque école d'infirmières fasse bénéficier ses diplômés d'une bourse d'études.

*Conclusion:* Après avoir pris contact avec un grand nombre d'infirmières, d'avoir échangé des points de vue avec les chefs de notre profession, nous constatons la nécessité d'un comité permanent des problèmes du nursing; il serait chargé de l'inventaire de nos ressources, des besoins du public, de la publicité. Une autorité plus compétente que la mienne devra juger si cette suggestion répond à un besoin réel, si elle est pratique.

En concluant ce compte rendu, permettez-moi d'exprimer le souhait que chaque infirmière fasse sa part pour l'avancement de la profession. La force d'une association est constituée par la force de ses membres, c'est une vérité qu'il ne faut pas oublier. J'adresse mes remerciements les plus sincères à tous ceux et celles qui ont voulu m'aider dans ce travail, particulièrement à Mlle Fairley, notre présidente, qui a suivi avec intérêt ce travail, à Mlle Ellis qui m'a guidée par ses bons conseils et à Mlle Upton, collaboratrice de toutes les heures.

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*Editor's Note:* A lively discussion followed the presentation of the report and recommendations submitted by the Emergency Nursing Adviser. This was ably summarized by Miss Mary S. Mathewson as follows:

There appears to be general agreement that at least a whole day might have been allotted for discussion of the important and comprehensive report submitted by the Emergency Nursing Adviser. The importance of continuing and extending her work was stressed by all provinces. Certain recommendations were apparently so generally approved that there was no discussion, namely: the importance of improving the status of the general staff nurse; the need for the improvement of conditions affecting the welfare of student nurses and graduates;

the value of simplifying of routines and procedures; the importance of close co-operation of all groups concerned with community welfare. The others can be grouped under such broad headings as better preparation for nurses; conservation of nurse power; recruitment and publicity; financial aid.

*Better Preparation for Nurses:* The Head Nurse Institute appeared to be generally approved in view of the great need to find means to help institutions with problems of instruction. Miss Gertrude Hall reported an experiment which would seem to offer a solution for some centres, namely, a co-operative plan for employing a travelling instructor. Attention was drawn to the fact that already the over-burdened school visitor or adviser cannot be expected to take over this additional responsibility. Encouragement of carefully selected nurses to undertake postgraduate courses was urged. The great need for truly graduate courses in the clinical specialties was stressed. Ontario plans to meet this specific need by offering a four-months course so planned that credit can later be applied toward completion of the certificate course. The need for short courses and refresher courses was felt by all sections. Emphasis was placed on the importance of reaching the nurses who, by virtue of their personal and professional qualifications, should be encouraged to take advantage of scholarships and loans. Superintendents of nurses and of public health nursing organizations were urged to make an early selection of suitable senior students as well as staff nurses who could then be prepared by varied experience, if necessary to make the best use of available financial aid.

*Financial Aid:* The urgent need for securing funds from Federal and other sources was pointed out. In view of the official appeal of the Association to the



Federal Government, members were urged to discuss with the Emergency Nursing Adviser or to seek the advice of the Executive Committee of the Canadian Nurses Association before making any projected appeal for funds, in order to avoid confusing the primary issue. Provincial representatives reported the following encouraging facts:

In British Columbia nursing is now included in fields eligible for financial help from the Department of Education under Dominion-Provincial agreement. In Alberta, six scholarships have been provided by the I.O.D.E. for accepted student nurses. In Ontario, the Permanent Educational Loan Fund, raised by levy on members, has provided 37 loans since its establishment, and in addition Alumnae Associations are also granting extra scholarships. In Manitoba, funds from the Ministry of Education have been granted for scholarships for student nurses. It was also reported with gratitude that grants had been made to certain University Schools of Nursing by the W. K. Kellogg Foundation.

*Conservation of Nursing Resources:* In this connection the shortage of qualified teaching personnel was considered to be critical: To clear up some misunderstanding regarding the recommendation relating to centralization of teaching, it was pointed out that in a centralized pre-clinical teaching plan, with the basic policy of safeguarding the autonomy of the individual schools, several schools could share in the use of the best available instructors and facilities, and so strengthen the preliminary teaching of the schools co-operating in the plan.

Other points under discussion were means of bringing married nurses back into service, programmes for bringing them up-to-date, and the suggestion that emergency registration status should be considered for those who give service

on a voluntary basis. Considerable time was devoted to a discussion of the use of subsidiary workers, and the points brought out were the importance of the instruction and supervision provided in the individual hospitals to ensure the ability of these workers to carry out the duties assigned to them; the advantage of planning for a permanent subsidiary staff which would prevent large numbers of this group being turned out into the community as a source of future complications when the emergency is over. The suggestion was made that, in some instances, the larger centres might assume responsibility for preparing workers for small communities.

*Recruitment and Publicity:* Discussion on these topics was so closely related that they may be dealt with together. In all parts of Canada some progress was reported in making contacts with high school and college girls with a view to interesting them in nursing as a career. Many suggestions for publicity were offered in the stimulating report presented by Miss Marjorie Jenkins of Nova Scotia. Perhaps because of their nearness to the actual menace of war, the provinces of the East and West Coasts appear to have grasped the urgency of the situation and the reports of their campaign had many suggestions to offer such as the use of the Rededication Service to aid in bringing back the confidence of the public in the spirit of nursing service, emphasis on nursing as a national service, and the responsibility of the public for supporting the service, were key notes. Miss Smellie urged every member to use her personal influence to bear where it would do most good. Ontario reported the establishment of a speakers' bureau composed of carefully selected and well-informed nurses who are kept up-to-date by information kits sent out from the central committee.

# Safeguards to Nursing—Present and Future

MARION LINDEBURGH

## *Report of the Committee on Nursing Education of the Canadian Nurses Association*

Today our thinking and our efforts are directed towards ways and means, whereby we as an Association, and as individuals can contribute most to a war time nursing service. The quality of service which nurses in Canada are able to give is directly dependent upon their preparation and qualifications. Therefore it is of primary importance that we focus our attention at this time, as at any other time, upon matters relating to nursing education by which the quality of nursing may be preserved, and through which we may enlarge the scope of our professional service. It is with this fact in mind that this session dealing with educational problems is appropriately entitled "Safeguards to Nursing".

The following report covers the biennium period 1940-42 and it might be of value to review briefly the history and organization of the Committee on Nursing Education. This National Committee replaced the Curriculum Committee of the Nursing Education Section in 1938, through the acceptance of the following resolution:

Whereas the work of compiling the Proposed Curriculum for Schools of Nursing in Canada has been a national project, and whereas the personnel of the Curriculum Committee has been composed of members of the National Sections of the Canadian Nurses Association, therefore be it resolved that the Curriculum Committee of the Nursing Education Section become a national Committee on Education of the Canadian Nurses Association and that the subcommittee of the Curriculum Committee,

known as the Committee on Records, continue to function as a subcommittee of the national Committee on Education.

In order to clarify and differentiate between the objectives of the Nursing Education Section (later to be known as the Hospital and School of Nursing Section) and the national Committee on Nursing Education, the following objectives were defined:

1. To stimulate interest and secure the co-operation of all members of the Canadian Nurses Association, through the three national Sections, in promoting sound standards of undergraduate and postgraduate nursing education in Canada.
2. To assume responsibility for the study of educational problems and to recommend adjustments which will meet the changing needs of nursing service in all fields.
3. To carry out any educational project which may be assigned to it by the Canadian Nurses Association.

In 1940, a resolution was passed to the effect that the name "Nursing Education" be applied only to the national Committee on Education, and which should be renamed "the Committee on Nursing Education", under which name it now functions. It became a Standing Committee and its convener a member of the Executive Committee.

The personnel of this national Committee is so appointed that representation of all nursing groups is secured, the central Committee consisting of members of the three national Sections, the conveners of sub-committees, the



French vice-president of the Association of Registered Nurses of the Province of Quebec, — a vice-convenor, and the President of the Canadian Nurses Association, an ex officio member. The Executive Secretary of the Canadian Nurses Association acts as secretary.

Provincial Committees are composed of the provincial Presidents, the three Conveners of Provincial Sections, and School of Nursing Advisers. Provision is made for enlarging the personnel of the Committee, should need arise, by the appointment of either temporary or permanent additional members. Provision is also made for clerical help in the undertaking of extensive projects which would necessitate such assistance.

During the biennium, the Committee on Nursing Education has been assigned several important tasks which have called for considerable study and organization. These projects were as follows:

*School of Nursing Records*—The Proposed Curriculum was accepted by the Canadian Nurses Association in 1936, and was made ready for distribution. It was recommended that the Curriculum Committee should continue its work and undertake as soon as possible the preparation of a set of records which would be acceptable for use in schools of nursing throughout Canada. It was recognized that it would be a major undertaking, and it was decided that a sub-committee should be appointed to deal with this important project. The following resolution was passed:—

That the sub-committee be empowered to proceed with the formulation of record forms, and that the policy of the National Association be the preparation and publication of record forms as recommended by the sub-committee on Records, and that this be financed by the Canadian Nurses Association.

The Committee began its work under the convenership of Miss Gertrude Bennett, and Miss Ruth Thompson succeeded Miss Bennett in 1940. Miss Vera Graham of Montreal, and Miss Beatrice Ellis of Toronto are acting as collaborators with Miss Thompson. Miss Maisie Miller at National Office is secretary. A representative of each province has been appointed to collect and evaluate materials, and to cooperate in whatever way desired with the central committee.

The extensive study of existing records which must necessarily be undertaken before beginning the compilation of more suitable types, and the detail involved in the construction of new ones, represents a very arduous task, and it is hoped that provincial groups and schools of nursing will co-operate fully by meeting whatever requests may be made. Some impatience has been voiced in regard to delay in the completion of this work, but such an enterprise must be thorough, and because of the amount of detail involved, it is a time-consuming undertaking.

*Uniformity in Examinations for Registration of Nurses*—This study was launched through the passing of the following resolution by the Executive Committee of the Canadian Nurses Association in October 1941:

That in support of the recommendation received from the Board of Directors of the Association of Registered Nurses of the Province of Quebec, concerning a plan to standardize examinations for provincial registration of nurses, be it resolved that the study of examinations for registration of nurses by the Committee on Instruction (Hospital and School of Nursing Section) be directed by the Committee on Nursing Education of the Canadian Nurses Association.

It was decided that the Committee on Instruction, under the convenership of

Miss Miriam Gibson, should undertake the study to secure information as to conditions and practices relating to R. N. examinations in all provinces, and to make recommendations to the Committee on Nursing Education which will then assume responsibility for the formulation of policies and standards to be submitted to the Canadian Nurses Association for approval.

The need for such a study has been long felt. The report of the Survey of Nursing Education exposed twelve years ago the many weaknesses of our registration examination system. Doctor Weir referred to it as an "open sieve" method by which nurses were being admitted into the nursing profession. It is of vital importance to us all that the registration examinations as conducted in the nine provinces should be improved in many respects from the point of view of content and method, to conform to modern educational practice. The ultimate objective is that there shall be a uniform system approved and adopted by all Provincial Associations.

*Post-graduate Clinical Experience*—The following resolution was considered and approved by the Executive Committee of the Canadian Nurses Association in June 1941:

That the Canadian Nurses Association consider the question of evaluating hospital postgraduate courses, with the view of setting up criteria against which these courses can be measured.

The resolution was referred to the Committee on Nursing Education, and the Hospital and School of Nursing Section for action. Such a study is indeed timely. The increasing emphasis which is being placed upon the need for postgraduate study and advanced clinical experience in the preparation of head nurses and supervisors, demands that serious consideration should be given to the scope and quality of educational and

clinical facilities available for such advanced preparation. Standards must be set up and agreed upon. The objectives, then, for this project are as follows:

To formulate tentative standards for postgraduate clinical experience.

To determine the types and quality of existing postgraduate clinical courses, and to suggest adjustments when necessary.

To encourage hospitals possessing adequate clinical resources to consider the organization of selected clinical departments for postgraduate experience.

The Joint Conveners are grateful to school of nursing advisers and superintendents of nurses for their assistance. After a process of inquiry and study, tentative standards for postgraduate clinical experience have been prepared and are now ready for consideration by the provincial associations.

*Modernizing the Manual on Home Nursing*—The following resolution was passed two years ago:

Whereas many of the members have been teaching home nursing classes from the 1932 revised text book of the St. John Ambulance Association, and whereas there is a keen interest in having the facts of nursing accurately presented to the public, therefore be it resolved that the Canadian Nurses Association make representation to the St. John Ambulance Association urging that a committee of nurse educators be asked to assist in the revision of the entire text.

The St. John Ambulance Association welcomed the suggestion and the task was assigned to the Committee on Nursing Education. Miss Rae Chittick was appointed convener, with Miss J. Connal as collaborator and the conveners of the three national Sections were appointed to assist. The undertaking has not been an easy one; in fact the revision of such a text is a more difficult task in many respects than the



writing of a completely new edition. Every effort has been made to bring the text up-to-date and at the same time keep the contents within the limits of home nursing measures.

*Additional Teaching Material for First Aid Instruction*—While the First Aid Manual of the St. John Ambulance Association is used for the teaching of students and graduate nurses, the Canadian Nurses Association felt that additional information would be helpful in regard to various aspects of first aid instruction. Miss Margaret Kerr accepted the convenership of a Committee appointed to undertake this work. The convener prepared the material and conveners of the three national Sections reviewed it. Copies have been sent to all provincial Associations for their comment.

*The Proposed Curriculum and its Supplement*—Possibly the project with which nurses in Canada are most familiar is the Proposed Curriculum for Schools of Nursing, and its Supplement entitled, "The Improvement of Nursing Education in the Clinical Field." This accomplishment is one to which many experienced nurses in all fields have given their thought and effort.

When the Proposed Curriculum was accepted in tentative form by the Canadian Nurses Association in 1936, the Committee realized that it lacked something in the discussion of clinical experience as the most important aspect of the student nurse's preparation. The Supplement was, therefore, undertaken. These two documents in their present form have been widely distributed in schools of nursing throughout the Dominion. It is hoped that they are being used critically and experimentally. In the light of changing conditions and new emphases, many modifications should be made in their contents. The Committee had planned to make a start

on the revision during the past biennium. The books need to be thoroughly reviewed, brought up to date, correlated and made available in one volume, but owing to the war and its repercussions affecting the administration of schools of nursing and nursing needs it has been deemed advisable to postpone this work.

While problems of nursing service are most pressing at the present time, we must continue to direct our attention to educational standards which are fundamental to nursing service and to the status of nursing. The shortage of classroom teachers and qualified head nurses and clinical supervisors at this time has created a serious problem in schools of nursing, therefore careful consideration should be given to administrative adjustments in the teaching programme whereby time and energy of both teachers and students can be conserved, and at the same time maintain the quality of classroom and clinical instruction. Two speakers have been chosen to discuss the possible adjustments. Miss Norena Mackenzie will deal with the administrative problem, and Miss Jean Wilson will discuss the supplement as a guide to more effective clinical teaching and supervision.

The acid test of any professional school is the type of person who is a product of its programme and its environment. An evaluation of the nurse in the general practice of nursing should serve as a means of determining strength and weaknesses in the undergraduate course. Miss Madalene Baker, chairman of the General Nursing Section, (C.N.A.) will describe the qualities and abilities of the good nurse and indicate to what extent the undergraduate course serves as a preparation for the general practice of nursing.

In concluding I should like to express

my thanks and sincere appreciation to provincial Executives, to provincial Sections, and all those who have so ably supported the activities of the Committee on Nursing Education during the long period of my convenership. It has been a great privilege to have worked closely with so many members of our association. The inspiration and sense of accomplishment which result from the work of committees are among the

intangible factors which make convenership a most profitable and pleasant experience.

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*Note:* The various activities outlined in this report of the Convener, Committee on Nursing Education, will be published under specific headings as presented to the General Meeting by the Conveners who were responsible for the projects undertaken during the past biennium.

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## School of Nursing Records

RUTH THOMPSON

The task of the Sub-committee on Records is to develop a tentative group of School of Nursing Record Forms to be presented for approval to the Canadian Nurses Association. It is hoped that the Schools of Nursing in Canada will use this material, criticising its weak points and suggesting improvements, so that eventually a group of standard forms may be built up. In developing these records, we must select forms and material suitable for use in any school throughout Canada. This committee is fully aware of the many requests that records be simple and easily kept; however, they must also be adequate both as permanent records and for administrative purposes. It is also proposed that routine record keeping should be so arranged that it may be done by clerical workers, thus relieving the nursing personnel of much time-consuming office work.

The problem confronting us is to determine what material we need, how much material we need, and how to record it to the best advantage. A

study of the forms in use indicates that we are not certain what data is necessary and in order to prevent omission of necessary material, we include much that is not essential. As an example, may we cite the recording of experience in medical nursing: some schools record medical nursing, day and night; some record medical nursing, men and women; and a third group record medical nursing, day and night, and men and women. Another problem is to determine what constitutes a satisfactory group of records for nursing schools, and to suggest a title for each. Uniformity of titles and terms is most essential. At the present time the same record may be called by as many as six different titles, and entirely different records by the same name. Therefore, it is not surprising that confusion and misunderstanding arises. In deciding how to record data, a form convenient for use and filing must be selected. In this respect a size 8½" x 11" is suggested since this conforms to regulation business paper and is convenient for



filing in standard cabinets. Loose leaf forms would appear to be more readily handled and filed than record books.

The following plan of the procedure used by the committee will convince you that it guarantees participation by all, and should assure us standard forms answering all our needs. Each Province has appointed a provincial representative who in turn has a committee or a group of schools with whom she consults. The first step was the collection of samples of all records used in the nursing schools of Canada. As these were received, they were grouped, studied, and a composite form developed using the best of all available material. This composite record form will be returned to the provincial representatives for further analysis and study. After final revision, the completed record will be ready for distribution, and a trial period of use. Further criticisms and corrections can then be made before adoption as a standard form. The many excellent suggestions and ideas received have been of inestimable value, but further assistance and co-operation is still necessary. This committee is pleased to report that the admission file is nearing completion and will be ready for distribution by fall.

As suggested previously, one of the problems is to determine what constitutes a complete set of nursing records. A suggested category of records was sent out according to routine for advice and criticism and the following suggested list of records is presented for approval. All terms used and forms suggested are for your evaluation.

*Admission File:* It is suggested that the following forms might be included in this file:

Instruction concerning application for admission and the School Calendar. Since this

is individual for each school, the committee does not suggest a standard form.

Application form: a standard form is to be developed.

Pre-entrance medical certificate: a standard form is to be developed.

Pre-entrance dental certificate: a standard form is to be developed.

Personality and aptitude rating: this rating is very desirable but probably a form is not feasible at the present time.

Personal interview: suggested material may be outlined.

References: standard forms will be developed for references from general and high school principals.

Form for General Education is to include an official transcript of academic education.

It is suggested that each Province might plan an educational form suitable for their own use.

Birth certificate.

Copy of acceptance letter and instructions. (individual for each School).

*Accomplishments of student:* The following forms might be included under this file:

Classroom attendance and instruction.

Nursing procedure form.

Outline for guidance in nursing studies.

Clinical experience record.

Monthly record of clinical experience.

Proficiency record.

*Health record file:* This file would include all health record forms.

*Permanent file:* This file would constitute a permanent record to contain a summary of all temporary forms. The permanent record envelope should afford space for a record of post-graduate work.

The work of this committee has just started. Before we can achieve our objective, much careful painstaking work has yet to be done. Considerable material must be forwarded to you for revision and criticism. On your suggestions and efforts the success of this work depends.

# Uniformity in Examinations for Registration

MIRIAM GIBSON

I have the honor and the pleasure to present the report of the study on Registration Examinations for nurses in Canada, conducted by the Committee on Instruction of the Hospital and School of Nursing Section, of the C.N.A., at the request of the Canadian Nurses Association. The aim and purpose of this study is to secure uniformity in examinations for nurse registration. In order to accomplish this uniformity it has been necessary to determine wherein lie the variations and to seek for suggestions and opinions which need to be given consideration.

A set of examination papers was first obtained from each of the provinces. An outline of the study was then prepared and, together with a complete set of the papers, was forwarded to each of the provincial committees for their consideration. In order to learn something about administrative aspects of the examinations, questionnaires were sent to the Provincial Registrars from whom there have been excellent responses. The information thus obtained has been summarized and forwarded to the provincial registrars and committees on instruction for further consideration. The findings of the committees, which show considerable variation in a number of points, are on file in detail for the use of the Committee on Nurse Education. There was much to be learned from each province.

This report is planned to present the essential facts from the results of the study to date and, as will be seen, gives food for thought. In considering the questionnaire which was sent to the provincial registrars, the questions which

were included will be mentioned and the answer will be given briefly. The questionnaire was arranged under seven headings and put the following questions regarding the Council of Nurse Education or Board of Examiners:

By whom are they appointed?

To whom are they responsible?

What is their term of office?

Does the Council include doctors?

Are there educationalists on the Council?

Does the Council consist entirely of nurses?

State any other professions represented on the Council.

The answers indicated that dietitians, professors of sciences and members of the teaching profession were among those appointed to the Council. The number of doctors varied from none to seven. One question enquired whether the nurse members of the Council are instructors or teaching supervisors in the examination subjects. The answers varied from "none" to "the majority".

An analysis of the qualifications of Boards of Examiners may be summarized as follows:

## *Nurses:*

Instructors of nurses from 0-5; total 20

Supervisors ..... from 0-2; total 13

Superintendents of

Nurses ..... from 1-5; total 16

Assistant superin-

tendents ..... from 0-1; total 2

University directors .. from 0-3; total 3

Provincial directors

or registrars ..... from 0-1; total 2

Members of Registered

Nurses Associations .. from 0-3; total 3

## *Doctors:*

Members of Medical

Association; University

professors; Minister of



Department of Health; directors, etc. ....	from 0-7; total 24
Dietitians: .....	from 0-1; total 4
Educationalists: .....	from 0-1; total 1
	Total 88

Seven Provinces stated that a minimum curriculum was in use; two Provinces reported the use of The Proposed Curriculum for Schools of Nursing in Canada.

The Provinces were requested to outline their requirements regarding candidates for examination and were asked whether distinctive application forms were available for student nurses and for graduate nurses. The following question was also put: "In the event that a candidate does not sit for examination at the time for which application is filed, is a second recommendation required of the Superintendent of Nurses for writing at a later date?" The answers included: yes; no; not compulsory; depends on circumstances.

Under the general heading of examinations, the following questions were put:

Are examinations held once or twice yearly?

In what months are they held?

What is the examination fee?

The answers showed that the majority are held twice yearly; in one Province they are held once yearly. The majority are held in the spring and autumn; one Province holds them in July. The examination fee ranges from \$4 to \$16; the majority about \$10.

The number of papers written varies from six to nine, and the number of hours of writing varies from nine to twenty-one. The papers are set by nurses, doctors and dietitians. In eight Provinces papers are set by individual examiners; in one Province each paper is set by two nurses. In most Provinces the papers are not marked in committee but in two Provinces the committee

meets to discuss the papers and analyse failures.

The following questions were asked regarding standards of marking:

Is marking on 100 per cent basis?

State passmark. (Answers—50 and 60 per cent.)

What is the method of marking—to pass or up to 100 per cent?

Is there an average to be maintained in the number of papers marked daily?

Are the results treated statistically?

In eight Provinces the results of examinations are made public and are published in alphabetical order; in one Province results are not made public. In eight Provinces the results are forwarded to the schools of nursing; in one Province they are sent only on request. In the majority of the Provinces a report of comments made by the Committee of Examiners is forwarded to each School following the examinations.

In case of failure, the number of supplemental examinations permitted out of the total varies from two to "no set limit". In most Provinces the candidate may apply for a re-reading of a paper; in three Provinces, she may not do so; in one Province, the paper is re-read before the announcement of failure is made. The fee for re-reading varies from \$5 to "none at all". The number of supplementals which may be taken in any one subject varies from one to "no limit". In some Provinces there are no regulations to which candidates for supplemental examinations must conform. One Province states that: "after two failures in one subject the candidate must give evidence of instruction by an approved tutor and also of additional practical experience if the failure is in obstetrics, paediatrics or dietetics."

Presiding officers for examinations include registered nurses and university or high school officials. In most cases

they receive remuneration ranging from \$4. per day to \$2.50 for a three-hour session. In most cases examiners are not given leave of absence from their hospital positions but do receive their salaries from the hospital during the marking period. The examiners receive remuneration in all Provinces except one. The rate varies from twelve and a half cents to fifty cents for each paper marked. One Province pays \$3.50 for the setting of a paper and one Province pays \$2.50 to each examiner for attending each meeting of the Committee of Examiners.

The examinations themselves have been studied under eight main topics and the comments from seven provinces have been summarized under each of these topics:

*What types of questions are advisable?* The general opinion seems to be that the essay and objective type questions should be employed. It is suggested that the objective type questions should receive the emphasis in some subjects, for example, anatomy and physiology, bacteriology, materia medica, etc. and that tabulated answers be required in the essay type questions.

*Is the contained material of practical value to the nurse?* Many papers showed good selection of subject matter. However it was felt that in some cases the material was not of practical value nor was it always suitable for registration examinations.

*What subjects should be covered in a registration examination?* The following table lists the 16 subjects covered at present in one or more of the Provinces:

Subject	Number of Provinces
Anatomy and physiology ....	9
Bacteriology .....	4
Communicable diseases .....	5
Dietetics or nutrition .....	8
Gynaecology .....	6

Health education .....	1
Hygiene and sanitation .....	4
Materia Medica .....	7
Medical nursing .....	9
Nursing technique or principles and practices .....	4
Obstetrics or obstetrical nursing .....	9
Paediatrics or paediatric nursing .....	9
Professional problems .....	1
Public Health .....	1
Surgical nursing (One Province includes orthopaedic and one includes operating room technique) .....	8
Urological nursing (male nurses) .....	1

In response to a suggestion discussed in seven Provinces that the number of subjects should be increased from 16 to 26, the following response was made:

Subject	Number of Provinces
Anatomy and physiology ....	7
Bacteriology .....	5
Communicable diseases .....	5
Community health .....	2
Dietetics and nutrition .....	7
First aid and emergencies ....	2
Gynaecology .....	7
Health education .....	4
Hygiene and sanitation .....	4
Immunology .....	1
Infant feeding .....	2
Materia medica and pharmacology .....	7
Medical nursing .....	7
Mental hygiene .....	1
Nursing technique .....	7
Obstetrical nursing .....	7
Ophthalmology and oto-laryngology .....	3
Orthopaedic surgery .....	2
Paediatric nursing .....	7
Professional problems and ethics .....	3
Psychology or psychiatry ....	2
Public health .....	2
Surgical nursing .....	7
Tuberculosis nursing .....	1



Urological nursing .....	3
Venereal disease nursing ....	2

Six provinces approved of a representative and qualified committee preparing and marking each paper, and it is preferred that the marking be done in committee. It is suggested that the entire committee may not be required for the marking of papers if the answers have been submitted and approved of beforehand. It was unanimously recommended that the names of the examiners should not appear on the papers and it was suggested that the date of examination, allotment of time, and values of the questions should all appear on the papers.

Some form of examination or rating of practical work during the senior year is approved by seven Provinces. Three Provinces feel that this examination should be part of the R.N. examinations. The other Provinces prefer that it should be held in the "home school" and not as a part of the R.N. examinations.

The majority of the Provinces agree that the results of the R.N. examina-

tions should be forwarded in detail to the "home school". It is suggested that each candidate receive her marks and that the "home school" be also notified before the results are published.

Four out of the seven Provinces think that it would be helpful to prepare graphs which would indicate the scores of individual candidates in each subject plotted opposite a letter representing each school. Some Provinces questioned the necessity for such graphs on account of the expense involved. One Province suggested that the relative standing of the candidate with regard to others taking the same examination should be sent to the "home school".

In closing, I quote from a letter received from one of the Provinces as it expresses so well the interest that has been shown by all:

Throughout our Province the nurses who have made up the smaller committees for study have been most co-operative and enthusiastic, and I feel that we have all derived a keener insight into the problem of improving our Registered Nurses Examinations.

## Postgraduate Clinical Experience

M. BLANCHE ANDERSON

While there has been a need in Canada for postgraduate courses for nurses in clinical specialties, established on a sound educational basis, it was not until the war made rapid and devastating depletion of experienced staff that action on the part of the Canadian Nurses Association seemed necessary. Courses had been available in the United States.

In June 1941 the Executive Committee of the Canadian Nurses Association appointed the convener of the Committee on Nursing Education and the chair-

man, Hospital and School of Nursing Section, with their respective committees, to make a study of postgraduate courses. Objectives were determined and tentative standards for postgraduate clinical courses set up. A general statement as a foreword to these standards stated the need for specially prepared nurses in the clinical services, analyzed present courses offered (which according to statements received from representatives of the provinces are largely additional experience courses) and empha-

sized that it is an advanced type of postgraduate work, organized on an educational basis, which is under consideration.

The tentative standards were comprehensive and dealt with all aspects of postgraduate courses: the purpose; the various clinical services; co-ordination of hospital and university courses; the medical staff; the nursing staff; the need for specially prepared supervisors; the hospital nursing service; the eligibility of the applicant; tuition fees; maintenance; length of course; plan of course; lectures and lecturers; evaluating the student and her work; record of achievement; certification; the need of standards.

A simple questionnaire was then prepared and, together with the foreword and tentative standards, was given wide distribution to schools of nursing now giving postgraduate courses or likely to have satisfactory clinical experience for this purpose. Lists were obtained from the registrar, or inspector of training schools, of each province. The questionnaire was in two parts:

*Part I.* What post-graduate courses do you offer in your hospital? According to tentative standards what do you consider: their strong points? their weak points?

Do you consider it possible to improve the quality of these existing courses and by what means?

*Part II.* Are there other clinical departments in your hospital which possess sufficient clinical resources for postgraduate experience?

If so, is there a possibility of providing the necessary educational facilities and qualified supervisor or supervisors to establish a postgraduate course?

This report will not deal with the detailed statistics of the replies received but will attempt to give a general analysis. Only one reply stated that the course now being given is considered entirely adequate. In general, inadequacies were not thought to be in clinical resources

but rather in a lack of sufficient nursing personnel and/or desirable preparation of the staff for teaching and supervision. In almost all cases postgraduate students were considered as part of the nursing service of the hospital to an extent which definitely interfered with the working out of a satisfactory educational programme.

Replies also indicated that in the past applicants for postgraduate courses were usually nurses who wished to obtain experience lacking in their undergraduate training, therefore the courses established were on the same level as the courses for pupil nurses and were frequently taken with pupil nurses.

Clinical resources sufficient to establish new courses were reported from a number of hospitals but in each case it was added that additional staff would be necessary in order to develop such resources and such additional staff nurse material did not appear to be available. The possibility of using educational facilities outside the hospital was suggested. (Universities, normal schools and other advanced educational institutions.)

It is amply evident that superintendents or directors of schools of nursing are aware of the weaknesses of present postgraduate courses but believe that more adequately staffed wards and more and better prepared head nurses, supervisors and teachers are essential before satisfactory postgraduate courses can be offered to nurses who wish to prepare themselves for head nurse and supervisory positions.

It is recommended that these tentative standards, set up by the Joint Committee on Nursing Education and the Hospital and School of Nursing Section of the Canadian Nurses Association, be sent to each Provincial Association in order that further suggestions be offered before they are presented to the C.N.A. for approval.



# Modernizing the Manual on Home Nursing

RAE CHITTICK

The work of revising the St. John Ambulance Home Nursing Manual was begun in October 1941 by Miss J. M. Connal, instructor in the Calgary General Hospital, and myself. We found the undertaking somewhat difficult. The general set-up of the book, the character of the writing, the illustrations, as well as a good deal of the content did not meet Canadian standards or seem suitable for home nursing classes in Canada. Our plan was to eliminate expressions and terms not commonly used in Canada, to correct those sections which did not seem to meet with commonly ac-

cepted practices in this country, and to rewrite entirely those sections which seemed out of date.

The material was reviewed by conveners of the three national Sections, whose suggestions were very helpful. The chapter on care of children was rewritten by a specialist in this field of paediatric nursing. It was suggested that the St. John Ambulance Association choose a well-established publishing house in order that skilled work be done on the editing, since chapter headings, glossary, index and other parts of the book would need considerable revision.

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## Teaching Material for First Aid Instruction

MARGARET KÉRR

Why should the Canadian Nurses Association go to the expense of printing or mimeographing material to supplement the St. John Ambulance Association text-book in First Aid? There are several hand-books published by reputable organizations which are available if additional material is needed. They come at various prices and while many contain practically the same material as the recognized text, there are some which have new ideas, new treatments, new ways of doing the old things.

To see the whole problem in its true perspective, let us go back to the session of the Canadian Nurses Association con-

vention in Calgary in 1940 when the topic was first discussed. Canada had been at war for ten months and the Canadian Nurses Association was girding itself to participate in every way possible to meet the obligations which would be placed upon it. One point which came up for consideration was that while thousands of lay men and women were qualified as "first aiders", relatively few members of our association had secured even their first certificate in first aid. Measured against the layman's ability to handle emergent situations wherever they might occur, it was agreed that the average nurse's

professional background did not fit her with the skills necessary to compete smoothly and easily with a well-trained layman. For that reason, a resolution was approved by the Convention urging every school of nursing in Canada to include the examination for the first aid certificate of the St. John Ambulance Association as a part of the preparation of the student nurse. Graduate nurses were urged to attend classes and become qualified. Special arrangements were made through the St. John Ambulance Association to the end that any registered nurse might qualify in a period of eight months to take the examination for an instructor's certificate in first aid.

One of the most important points that was raised in connection with nurses becoming qualified first-aiders centred around the apparent inadequacies of the text-book. It was agreed that nurses had a background superior to that of the average layman and were capable of appreciating many points in the care and handling of persons who had been injured which were beyond the grasp of the layman. For that reason, the Nursing Education Committee of the Canadian Nurses Association was deputed to prepare a handbook of additional material which could be made available to the nurse-instructors and possibly also to their students. The material under consideration today is the result of that assignment.

What is the situation in Canada this June of 1942? Hundreds, probably thousands, of registered nurses have received instruction in first aid. Certainly, in this two-year period, thousands of student nurses have taken one or more examinations. All that is required to pass the examination is a knowledge of what is written in the text-book "First Aid to the Injured", and an ability to remember in which order the eight

bandages for a fractured femur are tied, or when to use each of the various slings, or how to perform the Schafer and Sylvester artificial respiration, or how to stop severe arterial haemorrhage. Any intelligent person, after attending a series of classes, can become proficient and pass the same type of examination. Why then print additional material in First Aid?

Today, the possible emergencies facing the civilian population have multiplied a thousand-fold from what they were in 1940. There is a threatened shortage of nurse-power to meet the everyday needs of our communities and to muster the staffs for the army, navy and air-force hospitals. Married nurses and those who have been retired, perhaps for years, are being pressed back into service. Apart entirely from their nursing art and skills, what do they know about first aid in emergencies? Compared to the qualified layman, little or nothing. They have forgotten much they once knew. For these groups, some additional information is extremely valuable, and for these groups a handbook of material such as has been prepared should be a valuable supplement.

Every nurse-instructor in schools of nursing is being pushed to the limit of her capacity, sometimes almost beyond it. She doubtless has library facilities available where she may secure additional information on the condition of shock, for example, or haemorrhage or poisons. But has she the time or energy to look up this material? It is to save some of this valuable time and energy that this material was prepared. It is true there are many more points that could be included in the material. Any one who has been instructing in first aid could add numerous pointers which might prove invaluable. It might be wise, if it is decided to print this mate-



rial, to do it in loose-leaf form so that each one of us could send along suggestions and ideas which would be of benefit to all. Additional sheets could be sent out from the Canadian Nurses Association office as the material accumulated. Although it is not a great many months since the committee working with me completed the final revision, there are a dozen new ideas which have been received from texts, magazine articles, doctors' observations, etc.

Finally, why are we urging nurses to become qualified in first aid? Is it to pass an examination and secure a certificate? Is it so that they may be ready to compete with lay groups in providing aid in emergencies? Or is it because we feel sure that a nurse, with all her other qualifications, will make a more valuable citizen if she is as well-equipped to ren-

der *first aid* as she is to render *later aid* when the patient is removed to a hospital? This was the motive in preparing the "Additional Teaching Material in First Aid". Any one can take a first aid course, but every nurse who takes it should be as thoroughly qualified as it is possible to make her. Give her more than is in the St. John First Aid Manual! Give her more than is in the supplementary material! Her appreciation of the important things in caring for any accident, any emergency, will be in direct proportion to the amount of information, over and above the limited scope of the approved text, which she has received. Our aim is not only to have every nurse in Canada a holder of a first aid certificate—it is to have her qualified so that she is equal to any and every emergency.

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## The Administrative Problem

NORENA MACKENZIE

The administration of the curriculum is the most difficult problem with which a superintendent of nurses has to deal and occupies much of her thought and time in normal times but now, in this time of crisis, it must of necessity receive more attention. The subject is so comprehensive that one can only suggest a few adjustments that may assist us at this time and which may be of great value for the future.

One of the fundamental principles of the proposed curriculum is that teaching must not be isolated in one department but that there be organized continuity in teaching and in its application. Unless we have a programme planned

to utilize all the opportunities that every department of a hospital provides for teaching we shall have fallen short of one of the first principles contained in the curriculum. In our great desire to build up our schools we have emphasized the instruction in the classroom and for the most part well planned ward teaching—or planned teaching in other departments—has not yet become a large enough part of the educational programme of many schools. It is timely that we attempt to appraise our efforts now when we are short of qualified personnel and when the nursing service with its increasing demands was never so rich in opportunity, to find out

if we cannot by better planning use our teachers, head nurses and supervisors to better advantage and at the same time provide for better teaching.

We have a great duplication of effort bi-annually across Canada, teaching preliminary students. It does seem that central preliminary schools would eliminate much of that to the advantage of the student, who would receive first consideration, and also to the advantage of the home school. The central preliminary school would of course call for better prepared students which in turn means that the students could carry heavier assignments and, that that method of teaching would be more commonly used. It is well known that group conferences with students will often accomplish more than formal teaching because that form of teaching is so often merely telling—the student being merely a passive recipient. We must not be afraid that central preliminary schools and the better selection of students will reduce the number of applicants. In one province where the entrance requirement was raised to senior matriculation and physics and chemistry made obligatory the enrolment is greater than ever. This in war-time!

In many schools there is a great overlapping and little co-ordination of teaching. This occurs when instructors have not become familiar with the entire programme and have not realized that their subject or subjects must fit into the whole in its proper relationship. For example, I have known the process of osmosis to be taught as a separate lesson in chemistry, physiology, pharmacology and bacteriology; there is no justification for its receiving so much time. Again, if the instructor teaching practical nursing is not in communication with the programme of the science teacher the procedures may not be taught at the most opportune time and may be quite

unrelated to the rest of the programme. While this lack of integration is undesirable under ordinary conditions it is now inexcusable with the present shortage of qualified nurses. By carefully examining our plans, and eliminating this unnecessary overlapping, we shall find that it will be to our advantage because it would make for more effective and at the same time more economical teaching because much time devoted to repetition would be saved.

In many schools note-books are still handed in to be corrected, notes are still dictated and all examinations are written. All this requires hours and hours of an instructor's time which is greatly needed for more necessary work. We shall not discuss the correcting of note-books except to reject the idea. If there must be dictation, mimeographed sheets will serve the purpose. Written examinations are necessary but all examinations need not be written. There is no better method to test a student's knowledge, skills and ability to think quickly and accurately than an oral examination. In one hour, an examiner can do more for more students and at the same time find out more about the student's knowledge than by envigilating for hours while the student writes reams and then spends hours marking papers. An oral examination of course requires a competent examiner.

Many of our over-burdened classroom teachers are endeavouring to teach what properly belongs in the ward teaching plan. This is being done because they fear the student will not receive it. Now the head nurse must teach. Any head nurse who says she has no time to teach admits she has no time to nurse her patients because the patient receives the nursing care the student can give. Well planned and systematic ward teaching is the fulfilment of the curriculum in that, it pro-



vides the opportunity for the student to apply the knowledge obtained from every subject to the solution of her nursing problem. Moreover, each student becomes a participant in the other's problems and in the methods used in their solution by means of the ward conference. If the head nurse must teach she must have guidance and preparation for it. Have we in our schools programmes for staff education that are really meeting the needs of the head nurse?

Again, time is one of the greatest factors opposing ward teaching and a good deal of time may be wasted if we do not constantly analyze our nursing procedures and bring them up to date. A nursing procedure has to satisfy three demands—the standard demanded by the therapeutic effect to be obtained, and the safety and the comfort of the patient. Therefore revision of our procedures ought not to be difficult. In a recent journal we read that 15 hours per week were saved after revising the technique of administering the hypodermic. That could be multiplied many times.

Because of the demands of the nursing service we have on the wards some of our cleverest young women in the person of the general duty nurse. Can we not provide for her growth in the staff education programme and can we not obtain more assistance in ward teaching and supervision by including the general duty nurse in the ward programme?

A great deal of time could be saved in supervision, and at the same time provide for a better sequence in training, if the student's clinical rotation were completed for the three years when she was received into the school. It is tentative we know, because nothing has such a high casualty list, but there is nothing that provides so much for continuity

of learning because one is aiming to co-ordinate proper ward experience and class-room instruction.

A few ways and means have been reviewed which might conserve time and energy and preserve the quality of the curriculum. We realize we are short of qualified teachers and experienced head nurses but that is our greatest challenge and teachers and head nurses can only accomplish to the extent they are given guidance and assistance. That is the responsibility of the superintendents of nurses across Canada. At this time of year, when school programmes are being planned, may we not ask to have a more carefully planned undergraduate educational programme for every school? May we ask that all staff members become *au fait* with their own school programme? Can we not begin to develop the latent ability in our young head nurses and general duty nurses by a well thought out staff education plan. The objection to this will be, "there is no time!" Superintendents of nurses must try to make these young women see that coming together for their own professional growth, and to learn more about planning their work, will ultimately save a great deal of time.

One word more: the laity is slowly but surely beginning to appreciate the meaning of a well-qualified nurse and is becoming vocal about it. This is due, of course, to the shortage of nurses. Apropos of that may I refer you to Miss Bromley's excellent article in Harper's Magazine for June in which she says, "None of us know what the post-war period will be like but it is a safe prediction that well-qualified nurses will be needed in large numbers". Such a statement is a challenge to us to adhere as closely as we can to standards set within the Proposed Curriculum and to see that when stringent methods must be applied, that what is most essential is preserved.

# Clinical Teaching and Supervision

M. JEAN WILSON

In presenting this brief contribution to the discussion concerning the Curriculum and its Supplement, I must start with some material which has come in from a number of schools. This arrived in answer to a questionnaire addressed to these schools by the Committee on Nursing Education. Since the Committee asked that the replies be addressed to me, I have summarized them very briefly as follows:

It appears that these schools are using the Supplement. The instructresses and head nurses are familiar with it, except where recent changes have resulted in younger and less well prepared nurses being taken on the staffs.

The Supplement has been of service in helping schools to establish or maintain and improve, the method of patient assignment, nursing clinics, and individual conferences with students.

The suggested ward outline is not being used generally.

The Supplement has helped to develop nursing as a function that includes preventive and health aspects as well as curative.

Some schools have had well planned staff conferences for a number of years. The Supplement encouraged the initiation or the improvement of these in other schools.

The whole tone of the replies was such that one cannot doubt the value the Supplement has been to these schools.

The Supplement offers such a wealth of material that it is difficult to pick out particular points for emphasis. You will recall that the first sections are given over to a discussion of the principles of education as applied to nursing, the resources for, and the organization of, the clinical programme. Already we have heard from one speaker of

problems in the administration of nursing education in the clinical field. Let us acknowledge these problems and proceed with the topic of clinical teaching, even though we are aware that our teaching must be conditioned by these.

Several methods of clinical teaching are listed in the Supplement including, nursing clinics, morning circle, patient studies and so on. But all these various methods of clinical teaching will not serve their true purpose if the student's attention is not focussed on her own patients and aid given her in knowing and achieving certain standards of quality in her work. The Supplement has listed as standards for the evaluation of nursing care the safety, the comfort, and the happiness of the patient; the therapeutic effect of nursing treatments; conservation of time and energy; economy and careful use of nursing equipment and materials; and the use made of teaching opportunities. We claim that we approve these standards. Do we keep them before the student throughout her clinical experience? In busy times like these do we make sure we have done all we can to aid her in conserving her time and energy? Do we remember these standards when we evaluate the student or are we still prone to put the emphasis on lesser things?

It is surely true that to carry out such a clinical programme as the Supplement advocates requires the understanding and co-operation of the whole staff. The Supplement breathes this spirit from cover to cover commencing with those numerous questions which fall under the heading "The Challenge to Nursing Education." A belief in the philosophy



implied in these questions would seem to be essential for all members of the staff. Surely that, rather than the question of method, is the necessary starting point for those commencing programmes in clinical teaching.

Planning has been stressed, and I have observed that much more is accomplished if the ward teaching programme is posted a week in advance so that students may plan their work accordingly. Often there is disappointment and a sense of frustration but the records show a greater balance of accomplishment when this programme is committed to writing than when left to day by day planning. There is also more possibility of the patient as a person being the center of the plan and of preventive and community aspects being presented. Since time is a factor we must make every minute count.

I feel, too, that in these times we would profit if the head nurses who have not already done so would analyze the possibilities that their own wards offer to the students. This is particularly easy if the hospital has segregated services. Then the prepared outlines could be posted for reference for all students arriving on those wards. It would increase their interest even more and probably give them direction in their individual studies.

In closing may I pass on three or four points which have been of great satisfaction to me in my clinical teaching during this past year. Let me sum them up under the heading, "Opportunities for teaching on the part of the student herself." Those of us who are teaching realize that we never learn so well as when preparing material for teaching. I have given the students the opportunity to discover the truth of this principle. Here are some of the methods which were used.

In the preliminary period, when a number of students are together in one section of the ward, each student is given a special assignment for a week. During this week she offers plans to the instructor for the activities of her group, for assigning ward duties to her classmates, for choosing the subjects for nursing clinics, and presenting for discussion the problems of the group concerning the care of their patients. At the end of this period she submits a brief written report summing up the week's programme, her successes and difficulties, criticizing herself or the group as a whole and making suggestions. I might add that some of these suggestions have been very worthwhile and acceptable.

Another means of affording an opportunity to teach is to have a student demonstrate to two or three of her classmates, a procedure which she has practised, such as the special care being given to the feet of her diabetic patient. The diabetic patient offers a wealth of opportunities for teaching by the student, and again in this connection, we have had some happy experiences. Of particular value to the instructor is the person who has returned to the ward for a second time, who willingly joins a small group and explains what her biggest problems were upon discharge from hospital. How easy it would be for the instructor to pass on to such an individual what information she possesses, but how much better to allow the student nurse to arrive at the answers by means of discussions with her head nurse and other members of the staff, and then to have the thrill of sharing this and explaining it to the patient.

Then, the nursing conference. In this connection, usually two or three students are posted to assist the instructor: for example, one afternoon we dis-

cussed the care of patients who had had eye operations for cataract and detached retina. One student demonstrated to the others the method she had used to move her patient, to give care to the back, and to change the bed linen. Another student from the dietary department presented some material from recent articles on the relationship of diet to eye health. A third explained about the medications she was using in her patient's eyes. To round off the conference, another member of our staff helped us with questions which came up concerning such matters as the securing of artificial eyes, old age pensions, pensions for the blind etc.

May I mention just one other means? A more senior nurse, even a second year student, may give a small amount of teaching to a group of first-year students. By way of illustration, one week the doctor had introduced the subject of diabetes in his lectures, and in

our nursing conference we discussed the problems in caring for these patients; later, on the ward, a second year student, who was also nursing a diabetic patient, told the group of first year students something of her patient's background, reviewed the probably pre-disposing factors of her condition, and then demonstrated some points in the nursing care. Although these attempts at providing opportunities for student teaching require a great deal of time and effort in preparation and care in handling, the results are too good to be lost.

For those who are just commencing as clinical instructors in these difficult times, may I emphasize the help you will gain from the Supplement. For those of us who are to continue with the work, may we review it at times, finding there confirmation of our philosophy and renewed encouragement to aid in the further development of its practices.

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## Preparation for the General Practice of Nursing

MADALENE BAKER

No matter how completely a teaching programme is carried on, the product of the course will never prove fully satisfactory unless there is very careful selection of students and maintenance of standards for admission to schools of nursing. It is true there are certain composite traits which tend to develop a successful nurse: a person of good character, good morals, who is loyal and dependable; one with a cheerful outlook and a genuine liking for people; self-control, seasoned with a lot of patience and a sense of humour. But these personal qualifications are not enough—she must have a head and a heart, as well as hands and feet. A high grade

of intelligence is imperative if we hope to carry out the purpose and objective of nursing in promoting the welfare and happiness of the patient. In general practice, the nurse works with all classes of people, from the unlearned to the most scholastic. The more intelligent and informed the patient is, the more the nurse is challenged. A good sound educational and cultural background is necessary if we expect to develop the student to fit into the picture.

The basic course is reflected in the practice of private duty and general staff nurses. In discussing what in the curriculum is most important in undergraduate training to prepare the nurse



for general practice, bedside nursing comes first. Bedside nursing is the cornerstone of undergraduate education. The professional qualifications of a good bedside nurse are many. First, she must know the theory and principles of nursing, and it is important to have learned how to apply those principles effectively. It is equally important that she understands why she applies the principles. She needs to be developed to be thorough in adapting her skills to make the patient comfortable, to be observant, to anticipate wants, to recognize signs and symptoms, not only physical, but mental as well; to develop an understanding of the patient, which reaches beyond him to his family. She must be impressed with the close relationship between health habits and all nursing—curative and preventive—and be prepared to explain and to demonstrate the principles of health and to help her patients apply them in their everyday living.

The curative aspect has been out in front for many years. It is still our duty to try and cure disease. But bedside nursing is a great deal more than merely attending to physical needs—it carries with it a responsibility to endeavour to prevent sickness and to promote and maintain health. We have a teaching function at the bedside of the patient, either in the hospital or in the home. The very nature of our work imposes upon us the greatest responsibility to teach. The bedside nurse has a matchless opportunity to make the science of healthful living understandable and interesting, to give guidance in good habit formation, and to develop a sense of health values in the patient and in his family. To accomplish this tactfully, we need to know something of the technique of approach—we must know how, why, when and where to

apply that teaching. The patient assignment method in undergraduate training provides opportunity for the student to learn what the nurse in general practice needs to know: how to plan for complete nursing care; how to nurse the patient as a whole, mind as well as body; how to regard him as a person who is a member of a family which is a part of the community; how to apply the principles of nursing techniques and health teaching, with sufficient freedom under control to develop initiative and resourcefulness—both so necessary if we are to be successful.

I would like to champion the importance placed upon tests and evaluation of the resourcefulness and initiative of the student, with the idea that her mind would be focused toward adjustment to home nursing. To-day we are disturbed because many private duty nurses register for hospital cases only. By making some enquiries, we discovered that to a large extent this selectivity is attributable to fear, which is due to lack of knowledge of how to adjust to economic and social conditions in home situations. The nurse needs to be impressed to use what she finds in the home, instead of using the corner drug store and the departmental store as a central supply room. The use of improvised equipment and the simple things, such as clean linen for bandages, how to keep a heart case comfortable in a sitting position without buying or renting a hospital bed, are necessary if we would keep a patient and his family happy. Recognition is given to the value of the senior student to the institution, but we must never lose sight of the fact that we are preparing the student for the general practice of nursing. It would be helpful, near the completion of the course, if special instruction in home adjustments could be given, including

technique of approach and relationships to other members of the family.

Another point in the curriculum I wish to emphasize is helping the patient to live "mentally". Their mental attitude is of major importance in regaining health, in maintaining health, and in making any necessary adjustments. The inclusion of psychiatric nursing is extremely important, and I will go so far as to say that actual experience with disturbed patients would be of great value in the development of every nurse. We also need a thorough knowledge of communicable diseases, including the preventive aspect. Health education is sought and should be found in every nurse.

We need individual conferences to bring out our successes, our weaknesses and our difficulties; there cannot be too many of such conferences—the benefits are immeasurable. One of the most important aspects of the curriculum in developing the student, is the people she meets—I mean the staff—their understanding and their ability to give direction, to challenge the student to think and to speak for herself, to develop various ways of doing things and to arrive at the same ultimate end; to plan for the individual patient's needs and to broaden her scope of work to include some responsibility for the future welfare of the person whom she nurses; all of these have a bearing upon the development of the right type of person. I do not think it would upset the Hospital if students were encouraged to express themselves. It would just upset a tradition. We need more and better clinical teaching on the ward, and more supervision.

In no work is it more important that the nurse be intelligent, capable, enthusiastic and adaptable than in general nursing. Private duty nurses are the members of the profession that come

the closest to that level of society which demands most and is most critical; they, and general staff nurses, are examples of what nurse education is supposed to be. To a large extent, the public use them for a measuring rod of the profession. Poorly prepared, they will prove a headache to the community and, undoubtedly, a heartache to their school of nursing. There are failures in general practice—such complete failures that from the time they graduate they are not called to work in their own hospital, where they would be under supervision, but registries are expected to find them work in the field where, as yet, there is no supervision.

The carefully selected student with a good sound educational and cultural background, with three years of intensive training of qualitative instruction and adequate supervision, will not be a failure. She will be impressed and will understand the broader aspects of nursing. She will be made aware of her responsibilities—not as routine procedures, but as important functions of the hospital and the community. Her ultimate aim will be to restore and to maintain health and to be interested in the welfare of patients and their families. The broadness and thoroughness of her education must make her confident and secure in her work, to such an extent that she will inspire confidence in those with whom she comes in contact. She will have developed a proper bedside approach and will have a foundation for any branch of the work which she may desire to follow.

To implement the recommendations in the Curriculum and the Supplement means to safeguard the standard of nursing for the future, in the hospital, in the home and in specialized nursing. *Nurse educators, the quality of the product of the basic course depends upon you!*



# Staff Education

MARJORIE JENKINS

The subject of staff preparation conjures up a challenge and a very interesting one these days when anything in the line of a plan is apt to be shot to the winds at a moment's notice or forced to a sharp turn-about and to a new beginning or to variable readaptations. One may have a beautifully worked out staff programme at the beginning of the year and find oneself at the end of the year struggling to hold it together with a staff largely diluted with new-comers. One's heart grows faint as one watches the exodus of the interested ones and must be content to receive new members in their place. If we face facts, this is bound to be the experience of many of us. I therefore propose to take up the discussion of my subject at this point.

We all know the difficulty. It is hard to stir real interest in the young graduate whose mind is on the prospect of marriage or active enlistment, whose main purpose in her hospital position is the economic one, and who intends, deep down in her heart, only to bridge a temporary gap of waiting. This restless atmosphere of change and shift and indeterminate future which permeates hospital staffs today is detrimental to the sound success of any program that presupposes permanency. It creates a feeling of futility in the director who knows that many of the participants for whom the programme is aimed will not be in the hospital with her the next year.

Yet staff preparation must go on, for progressive trends in our profession demand the participation of the staff in the teaching of the student and in the whole educational experience of her training. How then can we interest the staff nurses, young or mature, in

the important role of participation to such a degree as to retain them for longer periods? This is our problem.

I am convinced that there must be an essential motive for their participation to-day, impelling enough to capture the imagination and emotions, and related vitally to the world struggle in which we are involved. Can we obtain this by giving the staff a vision of the importance of nursing after the war? Can we emphasize the health regeneration that will be needed by the crushed and drained sections of society now under the enemy heel and the professional opportunity for service all over the world when the smoke of battle is gone? Can we grip them with the need for special preparation for this time? Can we make them feel that this readiness for the future will depend largely upon them, *their* contribution because every student is now a potential servant of that future? Can we make them feel that they are really needed—that their enlistment in the service of civilian hospitals is as truly enlistment in the conflict as that of their sisters who have donned the military uniform? Can we persuade them that the battle fronts are everywhere where work is being done for the betterment of the human race?—for this is what we are fighting for and that according to the degree in which they give themselves to this cause they, too, share in the war effort? Can we appeal to them to play a part that must be played by someone—to stand by the civilian hospital with its nursing school, for nursing schools are the sources of our profession. Can we plead with them to share in this responsibility of producing young nurses for nursing? Can we point out to them that in such

an undertaking they are developing their own powers and skills, as well as those of the students, and are helping in the building of a strong reserve for the commanding task of the days to come?

The members of the staffs of civilian hospitals must feel that they are right in the war, that they have a definite responsibility, that they count positively for something and that the big things of the future are dependent upon them. At present they are apt to feel a sort of remoteness in their work—a separateness from the dramatic events of the times—and to think only of the hardships caused by others from among them leaving for more eventful fields. Their work presents no direct purpose, for there is confusion in their minds about the essential value of the educational programme. They find, of course, some satisfaction in the nursing care of their patients but they are in need of an uplift of the stimulus of an impelling motive and the zeal of participation in stirring times.

I suggest that the Staff Preparation Plan for clinical teaching could be drawn up in units—each unit an entity and dealing with some aspect of the teaching work of the school. It should be specific and yet elastic and with such scope that it could be adapted to the use of both mature and immature staff members.

The first unit would be the most essential one. Its substance should be the disposal of every new member, for without its initial stimulus the succeeding units would probably not flourish. This unit should constitute the foundation structure upon which the other units would be built. It would deal fervently with the need for staff assistance at the present time. It would point out the critical problems of the profession and the need for rallying of

all members to help in solving them. It would draw attention to the social changes that are so profoundly affecting nursing and the rapidly expanding fields for nursing usefulness and to the profession's opportunity to play a great part in post-war reconstruction. It would discuss professional status and the reasons for the scientific and intellectual advances that have been achieved. It would stress the importance of close attention now to that section of the profession that is in the making—the students of our schools of nursing. It would bring out the personal growth and satisfaction that would be felt by those who participate in this making and the worth of the staff as women of experience in life situations, as women of competence, and fine personal development, whose offering should not be withheld from the school. And finally, it would intimate to each staff member the happiness of a co-operative enterprise inspired by a big ideal.

The vision of the professional task, and an interest in it awakened, the second unit of the programme could deal with how best assistance could be given. It could be brought out that the giving of her personality and spirit and the passing on of her knowledge and experience to those who are in need of it is the highest contribution she can make at this time. And it can be pointed out that this, after all, is *teaching*. The head nurse is apt to think of teaching as some vague performance, far removed from her, that belongs only to the class-room and for which she has no responsibility whatsoever because she is not qualified. She can be told that she can perform some aspects of it and that to teach others to do and to develop is a work of high Christian import. The spiritual implications of interest in other people, a willingness to give and work for others, to be a builder of useful per-



sonalities can lead up to the need for effective ways of doing it—in other words, to effective methods of teaching. The programme of this unit would deal with simple teaching principles and methods, how to recognize and appreciate teaching opportunities on the wards, and a little on the psychology of learning.

Unit three could deal with the educational system of the School; the awareness of the profession of the weaknesses of the system and the moves afoot to improve it; the need and value of each subject covered by the curriculum as it affects the future fields of the nurse; and the responsibility of the hospital to the student as an individual. In this unit could be included a joint examination of nursing procedures, an estimation of their quality from the standpoint of economy of equipment and time in performance—a very desirable economy at this time of shortage of supplies and working personnel. I find that staffs enjoy discussions on procedures, for they are near to them. They enter into this subject with vim and even humour and feel a pride in having a share in their revision. They also throw themselves freely into discussions on new drugs, treatments and equipment.

But the average head nurse seems to hug a sort of scorn for the classroom schedule. I think it is because she has had to bear the bitter end of the burden. She is called upon to give up the nurses on her ward at the cost of anxiety for her patients during their absence. She has no real appreciation of the need for the lectures and is nettled at a system of education that must rob her patients of the care they need in order to educate. The head nurse needs an orientation of the whole professional effort and to understand that attempts are being made to remedy the difficulties she complains of and that the results will be slow

because the difficulties are tangled up with the social and economic problem of society. She also needs to appreciate the fact that scientific knowledge and good ward teaching have a definite bearing on good care rendered to patients. All this understanding seems to me to be important in order to enlist the staff members' readiness to become a part of the educational programme.

Unit four would deal with plans for practice teaching on the wards. It would study the methods of applying the principles and knowledge learned in units two and three. It would take up discussions on the different types of teaching that may be done on the ward and the kinds of information that may be given by the case study method, the nursing care method, the group and individual conference, ward rounds, incidental instruction and demonstration and the bedside clinic. It would include a study of organization plans, the division of personnel participating, and how to rate students and the techniques used to measure success. The role of the instructor, the teaching supervisor and the head nurse in the ward teaching scheme would need to be clearly understood. A valuable part of this unit programme could be a study of the psychological factors of personal relationships.

Throughout the whole staff programme there would need to be equality of fellowship, a collective drive toward a common goal and a collaborative assumption of responsibility. Superiority in qualification should be interpreted as a larger opportunity to help and contribute to the effort and not a signal for more privilege and for domination of the lesser qualified. The philosophy underlying the leadership must be strictly democratic. The leader must inspire, arouse interest and challenge.

The staff members will need guidance when they start trying their wings at the teaching game which is new to them. The question of whether they will look for help or not will depend on the character of the relationship that has been built up. For this reason, it seems advisable to have the programme led by the member who will be able to carry the leadership on into the wards—the instructor or the teaching supervisor. The staff should understand that the instructor or supervisor is leading the programme by virtue of her qualifications and experience as a teacher and not from any standpoint of superior rank.

The question of relationship between the instructor or supervisor and the head nurse is a delicate one. Whoever leads, must carry the privilege with skill and tact, and *feel* the part of being one of the group. For head nurses are touchy beings, with a pride and independence born of the first-hand experiences which have been theirs. They are reluctant about turning for help to one who is outside their group, who assumes superiority because she has had an advanced academic course but who has had little of the hard and real experience of ward life. Help should be given in the spirit of two people getting together and working out a situation. The encouragement and applause should come from the superintendent of nurses.

The staff will need help in preparing the methods they choose, and in selecting the equipment; in providing the time for the teaching; in picking out the content and deciding on the type of teaching to use with the material available and in organizing it; and in setting up a system of ward teaching records.

In summary, then, the staff preparation programme for clinical teaching could be divided into four units:

*Unit One:* The profession to-day and its opportunities in relation to the times; the urgency of particular and sound preparation of its students-in-training and the need for the effort of the whole staff towards that end.

*Unit Two:* The theoretical principles and methods of teaching that should be known by the staff; ways that teaching can be done on the wards; how to recognize the opportunities.

*Unit Three:* Discussion of the educational system used in our schools of nursing and the expanding fields of service for nurses; the subjects that must be included in the curriculum in consequence of this expansion; a study together of the nursing procedures used in the hospital.

*Unit Four:* A study of the types of teaching methods to be used on the wards and preparation for the practice of them.

The hour for the programme is a hard problem to settle. It would seem wise to allow the staff members each to have a voice in the matter. As the programme is being arranged in the interest of the hospital, the hour selected should be, if possible, within duty time. But it is difficult to talk about projects and extra time for the furthering of them when hospital staffs are so hard-pressed as they are at the present time. A hospital staff that comes forward, in spite of this, and takes up the added challenge on behalf of its School is surely worthy of the highest commendation. Such a staff stands on common ground with that vast army of men who are giving of their all in order that the world may some day be lifted up from its tragic plight and tribulation. "Hats off" to such a staff—for its members, in so doing, will have demonstrated, in their flame of purpose, that "where there is a will there is always a way."



# The Head Nurse as Clinical Teacher

MARGARET J. DENNISTON

A large percentage of our nurse educators in schools of nursing, and the occasional University, have excellent academic and cultural backgrounds, but lack nursing experience as head nurses; therefore they have little appreciation of the opportunities which such experience offers in preparation for the teaching of student nurses, both in the University and Hospital School of Nursing. This seems to me to be the greatest discrepancy in our nursing educational system.

Why does this state of affairs exist if experience is considered the best educator? Because the head nurse is usually overworked, underpaid, has to assume too much responsibility, and does not enjoy the same prestige as other members of the teaching staff. Therefore our sisters who have had academic preparation, shall I say University Degrees such as Bachelor of Arts and Bachelor of Science, before taking up nursing, are apt to jump this stepping stone, in order to find more remunerative returns for their labours, in "the teaching field" as they call it, when the real teaching field is in the active public wards of our teaching, city, municipal, and special hospitals. Here we find life situations, where learning may be applied and teaching reinforced.

How is it possible to escape this phase of institutional nursing, if one considers it so important? Qualified instructors, and clinical supervisors were scarce, even in pre-war days, therefore these young women have no difficulty in securing teaching and supervisory positions because they have had what I call partial preparation. The result quite often is that there is friction between the ex-

perienced head nurse who really is, or should be, "the hub" of nursing education, and the young inexperienced instructor or clinical supervisor. This reacts very unfavourably, both on patients and student nurses.

Every head nurse is not by nature a teacher. She may be an excellent nurse, a good organizer, and in general a very capable person in the eyes of doctors and students, both medical and nursing. Yet she lacks the teaching instinct and therefore may pass up untold teaching opportunities daily, either unconsciously, or deliberately, because she has the attitude, "this should be taught in the classroom", or "that is the clinical supervisors' job; my duty ends with adequate care of the patient and the smooth running of my department."

Should the head nurse have any preparation, in addition to three years' training and registration? Those who show promise of having the necessary qualifications should have a few months experience as a private duty nurse, with the hope that she may be fortunate in dealing with desperately sick patients and anxious fussy relatives, both in the home and hospital. This will give her an opportunity to apply what she has been taught, away from supervision, thus increasing her resourcefulness, initiative, self-reliance and tact. It also gives her an opportunity of meeting more experienced successful private duty nurses from whom she may learn a great deal of practical psychology. She also learns to have greater appreciation of the private duty nurse's difficulties and problems, and of her importance and contribution to the essential machinery of a community, which is sometimes over-

looked both by institutional and public health nurses. In this way she may learn to extend the hand of friendship when the private duty nurse arrives to lighten the load in her department.

The next step should be one year as a general duty nurse, which should not be confined to one department. She should have an opportunity to refresh her memory in all departments including the outdoor where she may become more familiar with the functions of social service, voluntary agencies, and the department of public health. I recommend a further year as assistant to a head nurse who has had proper preparation, and finally a year in teaching and supervision at the Nursing School of a University. She now has a background of experience in almost any phase of bedside nursing and is therefore admirably qualified to teach in life situations on the ward, as a head nurse, and should be definitely recognized and paid the same rate as other assistants on the teaching staff.

This preparation will not qualify her for an endurance test, and will not substitute for a poor inadequate staff. The head nurse cannot be expected to teach unless she has sufficient staff to give the very best nursing care.

I have roughly outlined the minimum preparation for head nurse-ship. What other qualifications should she have acquired and what responsibilities must she assume when she takes office? The most important thing for the head nurse to remember is that the primary function of the hospital, and the reason for its existence, is the care of the sick and injured. With this uppermost in her mind, she sets forth with the understanding that she is directly responsible for the nursing care of patients (a) to the physician or surgeon in charge; (b) to the superintendent of nurses, and (c)

to the Medical Superintendent. The latter must account for his stewardship to the Board of Management. We know the hospital has other functions as a teaching field, and a field for research, but the care of the patient precedes all others. Therefore, the head nurse should have proven herself an expert in bedside nursing care with powers of observation so highly developed that she may be accused of having eyes in the back of her head. She must not only be able to inspire confidence in the patient and his relatives, but in all members of the ward personnel; if she can accomplish this, the road is smooth; if not, it will be very bumpy and thorny. She should be able to imbue each and every member of her personnel with the spirit of service. Their motto should be "service before self". Thus only can she achieve her objective—well cared for happy patients. Much of the reputation of the Hospital in the community will depend on her ability to do this.

She must be an economist of the highest order and should be able by her example, guidance and knowledge of costs to produce a sense of responsibility, to the institution and community in every member of the ward personnel. She should encourage members of the staff to confess mistakes immediately, knowing they will receive a sympathetic understanding. (I do not infer she should be soft.) Very often, a mistake rectified immediately may prevent more serious consequences especially with regard to the patient.

She ought to have a knowledge of the legal responsibilities of the institution, and be on the alert for patients (and occasionally personnel) who set out deliberately to cause trouble. With definite appreciation of the legal value of permanent scientific records, their value in research, and perhaps later to the patient



and other members of his family, the head nurse must exhibit her ability as an expert clerk and custodian in the supervision of these valuable sources of information.

She must be an expert diplomat in the handling of patients, relatives, medical staff, her own personnel, personnel from other departments, representatives from various organizations, and the general public.

She is the manager, housekeeper, hygienist, sanitarian, and building supervisor in her particular department. She must be a good disciplinarian, organizer, administrator, and co-operator, not only with people but with other departments, both inside and outside the hospital. Therefore, she must understand the principles of psychology, and know when and how to apply them.

The head nurse is the hostess not only as regards patients, and their relatives, but also towards medical men, students, clergy, and other well-meaning groups who are interested in the institution and its welfare. As a teacher on the ward, she should be familiar with the class programme in order to help the students integrate theory and practice in ward experience; therefore she should understand the principles of education equally as well as the class room teacher and have an appreciation of each student's needs.

Through all this, she should be able to retain her sense of humour and sympathy, make allowances for the strength and weakness of human nature, both in dealing with patients and personnel. The maintenance of a peaceful happy atmosphere is very essential in bringing out the best there is in one, and remember a happy staff reacts favourably on sick patients. Therefore she requires an unlimited amount of patience, energy and endurance, both physical and mental.

I have often thought that some of our young professors of psychology would find a gold mine of experimental interest in "shifting of attention", "reaction time", "the span of attending", and "to how many stimuli can a person be attentively receptive, at one and the same time" if by chance they could keep pace with the head nurse, on a really busy day. On an acutely ill ward, all kinds of research and tests are going on—medical rounds, medical students' lectures are in progress, anxious relatives must be put at ease, even though the staff is somewhat below the minimum. I think they might switch to literary endeavour before the day was over, if they were interested in the many amusing and grim episodes that help one to see the lighter and more serious side of life. Or they might recite Rudyard Kipling:

*If you can keep your head when all  
about you*

*Are losing theirs and blaming it on you*

*If you can trust yourself when all men  
doubt you*

*But make allowance for their doubting  
too*

I infer that they would have a greater insight into the complexity of the task which the head nurse shoulders daily.

How is the head nurse to find time to teach and how should she attempt to organize her programme? This will depend on the service and its activity, the architecture of her department and the physical plant in general. The ideal teaching situation would be to have a head nurse and an assistant for each specialty: medicine, surgery, pediatrics, gynaecology, etc. The head nurse should attend the doctors' lectures in connection with her own specialty and give the nursing care in relation to each lecture. She should supplement important points that have been overlooked, or omitted due to lack of time,

in covering the prescribed course of lectures. She is in a much better position than anyone else to correlate and integrate theory and practice in relation to patients on the ward, of whom she knows the whole story personally.

Different grades of students should be assigned to each ward continuously (preliminary, junior, intermediate, and senior) in order to avoid depletion of the staff, due to attendance at the same lecture. It will thus be possible to provide practice material for each group proceeding from the simple to the complex, especially if one uses the patient assignment method. I do not think that students are taught sufficiently how to work in pairs or teams. My experience has been that they can work faster with less effort, gain more confidence, and keep patients happier, if they work in pairs and teams, occasionally. This plan can be used in conjunction with either the patient assignment or efficiency method.

If one has eight students on the ward and they are each assigned for a period of eight weeks and replaced weekly, one could arrange for a conference and initiation to the new department with the new student on the Monday morning programme. On Tuesday, Wednesday, Thursday and Friday, one could use this time, approximately fifteen minutes, for the morning circle. Each student would have an assignment for discussion posted at least a week ahead, thus each student would be called on once in two weeks to discuss some topic, and would have prepared four such discussions during her stay on the ward. On Saturday the head nurse could lead the topic of discussion, or perhaps "lay down the law" with regard to some slackness or inefficiency which she may have noticed and which may be good for the whole group to hear. Occasionally, if the

ward is especially busy, it may be necessary to ask the staff to come on duty ten or fifteen minutes earlier in the morning; this time could be made up when the extremely ill have recuperated somewhat.

The head nurse will have her assistant trained to supervise treatments, and assist the inexperienced student with the nursing care of very ill patients, if she is unable to do so herself. If there is anything of unusual interest in the department, the head nurse should notify the chief instructor, so that arrangements can be made for students from other wards to see it. Approximately once a week, the head nurse should post and arrange for a bedside clinic at which she contributes most of the material herself. A senior student may prepare for this, with the help of the head nurse, or perhaps each student may be assigned to participate in a particular phase.

On the fourth week, a symposium should take the place of the bedside clinic; this takes a little more thought with regard to arrangements for a suitable time and place. The senior house doctor will be asked to discuss the medical angle, the head nurse will be prepared to discuss nursing care in detail, also prevention and health teaching. (This assignment might be given occasionally to a senior student.) The social worker will discuss facilities for convalescence in the home or elsewhere, arrangements for further treatment and diet, etc. The public health nurse (from the Outdoor) may describe methods of treatment in the home by one of the public health organizations and their interdependence on other social agencies. The dietitian will discuss the special diet; the physiotherapist, occupational-therapist and play-therapist will discuss their own particular contribution towards recovery.



Thus one can demonstrate how the various services, and organizations, are inter-related and inter-dependent, one on the other, for the welfare of the patient. One may also point out that the nursing department is just one cog in the wheel of a great human machine, which endeavours through co-operation with other departments, to restore the once sick helpless individual, to take his place in the community as a self-supporting citizen. In this way, one endeavours to see the patient as a whole. The students who attend the symposium or bedside clinic should see the patient concerned, but no discussion should take place at the bedside within the patient's hearing. Such method of instruction should take place in a special class room or a vacated room, which must have seating facilities.

The head nurse should arrange the off-duty time, so that all students have an opportunity to make rounds with the physician or surgeon in charge at least once or twice a week, so that they may learn more about the patients' condition, become familiar with preparation for various examinations, and also learn to anticipate the next procedure. Teaching by the incidental method should go on continuously, by the head nurse and her assistant, as the opportunity presents itself.

I realize this is no time for nursing reform, but our goal for the post-war period should be to have more and better prepared head nurses, and fewer clinical supervisors. The clinical supervisor's role is possibly the most difficult to fill satisfactorily in the whole of institutional nursing. She must be mature, well poised, have an encyclopaedia of technical and nursing information at her finger tips, and a background of teaching and practical experience far beyond any of the head nurses whom she endeavours to direct. She must also

be one who is very highly respected for her ability in that particular field, by medical and nursing staff alike. One can see that people of this calibre are very difficult to procure. Therefore I think some of the clinical supervisors could be absorbed as added assistant instructors who would still function in taking care of case studies, assignments and some conferences but who with the instructor could give more detailed supervision of practice periods on the wards instead of in the class room.

I have found a convalescent women's or children's ward an excellent field for rehearsing elementary nursing duties, such as hygiene of the ward, morning and evening care, rubbing backs, bed-baths, simple dressings, serving and distribution of patients' meals, isolation technique, etc. If a good grounding is given in these simple duties in life situations by the person who has first taught them, I think students will feel under much less strain when they arrive on the wards for the preliminary period, and the instructor will hear less complaints, of the inefficiency of her once sheltered flock. Other more advanced procedures, as catheterization, bladder lavage, therapeutic douches, preparation of the skin for operation, administration of medicines, etc. should be demonstrated, and rehearsed as soon as possible on the ward, in order to overcome nervousness and awkwardness, and to reinforce the teaching in the classroom. This also gives the instructor a greater opportunity for interplay of forces between the ward and class room, instead of partial or complete isolation.

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*Editor's Note:* Following Miss Deniston's address, the following contribution to the discussion was offered by Miss Mary Macfarland, superintendent of nurses, Toronto General Hospital:

Having listened with great interest to the material that has been presented, one is left with a clear picture that the ward is the real teaching field and the head nurse's chief responsibilities are firstly the nursing care of patients and, secondly, ward teaching. The question has been raised: "how is the head nurse to find time to teach, and how should she attempt to organize her programme?"

Student conferences, whether group or individual, provide a splendid method of instruction. As a means of teaching and learning, their value is inestimable. The head nurse is expected to share in the teaching of students, and to administer the nursing service on the ward. She can achieve this dual function only by having a carefully planned programme and utilizing approved methods to the fullest advantage. There is a saying: "What's well begun is half done."

When should conferences be held and what is a suitable length of time to allocate to them? A carefully planned conference should be arranged when a nurse is introduced to the ward. This orientation conference is a teaching responsibility. It takes place when the student reports for duty in the department. Forty or fifty minutes time, free from interruption, should be allowed. The subject matter includes explanation regarding the type, size, administration, personnel, geography and equipment of the ward. The head nurse clearly defines the special duties of the student and gives her a definite assignment of patients. The student should then be introduced to her patients and informed of their names, diagnoses and treatment.

Conferences should be arranged many times during the student's preliminary and clinical experience. When the student meets instructor, supervisor or head nurse in individual conference, she may be questioned regarding her background, special interests and adjustment to the work. At this time, her appearance is noted, and any signs of fatigue or worry may be observed. Hints may be given as to the best means of maintaining or improving her strengths and weaknesses, personal or professional. The

student should not, however, be given ready-made suggestions. If she is to develop and progress, she may be guided, but must be allowed to reach her own conclusions as to how she will increase her good qualities and worth.

An individual conference is vital in aiding a nurse to evaluate herself and her work and in helping her to view both objectively. Harmony should be established between leader and student. The wise leader, instead of being authoritative, will encourage the student to express herself and to make decisions. Willing participation and discussion leads to a more advanced level of knowledge about each other and a franker exchange of ideas. The process of stimulus and response promotes openmindedness, understanding, and logical solution of problems and needs. Conferences should be carefully directed to encourage active thinking. They are not designed to take the place of informal teaching or lectures. Rather, conferences are formally planned to be of educational value to the student and to improve the nursing care of the patient.

Practical problems are discussed when group conferences are held. The importance of some particular aspect of nursing care provides the topic. The head nurse who is most conversant with the subject guides and stimulates the discussion and draws all students into participation. Thus the student's interest is stimulated, her power of expression developed and her knowledge increased. Co-operation amongst workers and consistency in treatment and care are fostered by case conferences. By the use of the conference method, the head nurse assists the student in effecting improvement in the care which she plans and gives her patients. The plan may need enlarging, or certain parts of it require emphasis. More individualized care of a higher quality will result because the "why" and "how" are discussed and understood.

Conferences are used to great advantage in assigning, preparing and reviewing the nursing care study. Discussion should be held frequently while the nurse is collecting, analyzing and arranging material, so that a clear account of the total nursing situation



is presented. There will be no debate regarding the value of such conference if the student can be directed to study the patient as a whole, and also to recognize the importance of reference reading, which unfortunately has to be encouraged. It is a problem in education to arouse the student's interest in supplementary reading and study.

Conferences relative to progress and efficiency have a stimulating effect on the student. The adjustment of the nurse to the particular clinical service, her knowledge of nursing, understanding and response to patients' needs and her personal and professional qualities are evaluated on the rating scale. The head nurse then discusses the report, making definite suggestions regarding improvement. This should be done half way through and at the end of experience in the department. The student is thus accorded a fairer rating, there is mutual understanding of the statements made regarding her ability, and also the comparison between the intermediate and final report will give encouragement and arouse her to still further effort to attain the highest standard of proficiency. Conversely, if the comparison is unfavourable and the student is not achieving satisfaction, the problem or reason may be uncovered and progress anticipated.

In planning, utilize this method of ward teaching: the aims and advantages of conferences must be kept clearly to the fore. Certainly, a most interesting means of learning is provided, and the end must justify the means.

*Editor's Note:* Sister St. Albert made the following contribution to the discussion of the address given by Miss Denniston on the head nurse as a clinical teacher:

In the use of the "case" or as it is frequently called "nursing care study" the head nurse will find one of her most helpful methods of teaching. She will realize that if this method is to be used successfully considerable time is needed both for herself and her student. Even though the student has had her introductory lesson in the class

room, it will be necessary for the head nurse to discuss the study with her. It is usually necessary to discuss it when it is assigned, while it is in progress and at its completion. The student should not be overburdened with a multiplicity of duties so that she may give thoughtful study and care to the patient.

Does the nursing study warrant the use of all the time that must necessarily be expended upon it? It would seem so, because its advantages to both the patient and the student nurse appear to be many. The principal advantage to the patient is that he has the entire interest of the nurse who cares for him as a whole in contrast to nurses interested in his temperature, his bath, his chest or any other part of his body. She gives good nursing care to his body, aiding it to recovery and from her he learns to keep that body functioning as normally as possible. It is well to note that in addition she is aware of that part of his being which stamps him as a man, namely his soul. If she is the woman a nurse should be, his intellect and will benefit by contact with her.

The advantages of this experience to the student are manifold. She sees in this patient a sick member of society, not merely one of the patients in hospital. This nice appreciation on her part will invariably carry over to the patient, who will realize that his stay in hospital will terminate just as soon as he can carry on his work again in society. This is her first privilege—the right to assist a person to regain his physical and mental balance and to re-establish himself in his normal living.

Always mindful of this motive the student must study and appreciate her patient's habits, interests, religious beliefs and whole personality and even his friends and all the external circumstances that go to make his little world. She must draw liberally on her knowledge of physiology, bacteriology, nursing arts, diet therapy, personal hygiene, materia medica, psychology and possibly in some way all the theory, which she has learned in the class room, in her effort to help his body become a healthy one.

For obvious reasons the patient's disease will claim much of her attention and, in aiding the doctor with his treatment, she will explore wider fields and will get a more

comprehensive knowledge than is possible for her to acquire from her classroom studies alone. Some important learnings which are sure to accrue, if she pursues her study earnestly and intelligently, are: first-hand knowledge of symptoms of disease, awareness of significant physical and laboratory findings, and reasons for doing specific tests. She applies definite medications and treatment and she is quick to appreciate any untoward effects.

Lest the importance of the physical nursing care of the patient be stressed to the entire neglect, or almost to the exclusion, of the care that is frequently referred to as psychological, it might be well to pause and to refresh ourselves on the highlights of this side of nursing care. Perhaps of least importance, and yet of import, is that she notices the patient's reaction to the hospital environment, to visitors, to his doctor and even to herself. She should endeavour, within reason, to interest herself in his hobbies as in literature, in music or the theatre. She will be apt in noticing if he is worried or excited and make an effort tactfully to relieve his mind. It is precisely at this point that we are sharply conscious of the inestimable value to a patient of the ennobling principles that must guide the mind and actions of a thoroughly Christian nurse.

When the patient is ready to leave the hospital the keen student may glean much information with regard to the various health resources available in the patient's locality. If he has a social problem, she should have made herself fully aware of it when she assumed responsibility for his care and, in assisting him to make the necessary adjustments, she gains information of the various social agencies available to all who are in need. Without doubt, the most significant benefit, which the nurse will derive through the care of the patient, is a sense of responsibility to a marked degree. This true realization of her responsibility should increase with each patient for whom she cares. Along with this will grow her appreciation of the value of community health and social services.

When the student has finished her study it would be a splendid contribution to her

development to evaluate her work, more or less objectively, and, to try to determine more or less impartially, just how much the patient has benefitted by her nursing care. After analyzing in some detail, the method of teaching by case study, it would seem logical to conclude, that the one best suited for guiding the student in this assignment should be the head nurse. She has studied her patients and she knows her students. If circumstances, such as size of the unit or the rapid patient turnover, makes it necessary to delegate some of her teaching duties, she may allow her assistant to take the responsibility of the bedside clinic and the morning circle. There is such a splendid opportunity for student guidance and student development in a properly conducted nursing study that a head nurse, who is interested in the character and professional development of her students, would wish to assume this responsibility herself.

How many nursing studies she could adequately supervise at one time would depend upon the staffing of the department with professional and non-professional help, the length of time the students remain with her, the experience of the various students under her direction, and, what is of paramount importance, her recognition of the advantages of this method of teaching.

It is possible, that my concentration on the case study method of teaching student nurses, even for the purpose of writing this paper, has resulted in my over-emphasizing its value. However, it is my honest conviction that whenever it may be carefully assigned, adequately supervised and adapted to the student's learning ability, the case study method serves better than any other to help the patient and to develop in the nurse the right attitude to her patients and to nursing.

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The following contribution to the discussion of Miss Denniston's address was made by Rev. Sister Lefebvre:

Miss Denniston has mentioned some of the most commonly used methods of ward teaching and I should like to discuss two of them which I consider to be quite important: the



morning conference and the bedside clinic. The morning conference is a daily meeting of the students and the supervisor or the head nurse for the purpose of reviewing the night report, organizing the day's work, and discussing problems encountered or anticipated in the department. It usually lasts from about ten to fifteen minutes and is conducted by the supervisor or the head nurse. The advantages of the morning conference are that it is a means of stimulating interest in the ward as a whole, and of securing the co-operation of the nursing staff; it helps the student to adjust more readily to a new service; it gives all the nurses a better understanding of the special nursing care required by the conditions of every patient on the ward. It may be conducted by first offering a short prayer; reading of the night report with emphasis on special problems of nursing care; planning of the day's work; brief topical presentations and discussions.

Misuse of the morning conference may come about as the result of a detailed night report which becomes tedious routine for both the reader and the listeners; too much time being taken for the assignments for the day when those could easily be posted; suggestions for nursing care, or other work to be accomplished, given in the form of exhortation or warning; lack of active participation on the part of the students; conferences not held regularly; little or no immediate preparation (lesson planning) on the part of the supervisor or the head nurse.

The following suggestions indicate means for making the conference more useful: a shorter night report and a more intelligent interpretation of it, so that it may be of more value to the group; active participation on the part of the students by means of questions and discussions; special preparation on the part of the students and the head nurse for every conference held; more constructive criticism; topics should be selected for discussion which are directly connected with the nursing care being given, or with a problem pertaining to the ward situation.

The bedside nursing clinic is a method of teaching in which a patient is taken as the

center of observation and study. It is given to a group of students and the discussion stresses the problems involved in nursing care; the patient may or not be present. The value of the clinic is that it is a means of correlating theory and practice; it brings before the group various nursing problems connected with the condition of the patients, their treatments and special care and needs; it offers the nurse an opportunity to study the patient from the various points of view: physical, psychological, moral, and social; it is a means of improving the nursing care by maintaining an active interest in the individual patient. The attending physician (or intern) gives a brief lecture on the patient selected; this includes symptoms, diagnosis, treatment and prognosis. The topic should be adapted to the students' needs. The supervisor or the head nurse then continues with a discussion of the nursing care. Emphasis is placed upon the purpose of the treatment ordered and special care given; individual differences in patients are brought to the attention of the nurses; consideration of the patient as a person is stressed and health instruction is considered. The students may contribute information, especially if the topic is posted in advance and assignments are given. One student may be responsible for the patient's history; another for the treatments ordered; a third for the nursing care and special observations made; a fourth for the preventive measures and health teaching.

Misuse of the clinic method will occur if there is too much emphasis upon topics that mostly concern the physician, or if the presentation of the subject is made in a purely theoretical manner without much application to the patients. Unusual cases, presenting very few nursing problems, and lack of active participation on the part of the students are other examples of misuse, as are discussions allowed to take place at the bedside of the patient, or the exclusive use of the clinic method of teaching.

It is suggested that there should be emphasis upon nursing care; observation of the patient should precede or follow the clinic; careful preparation on the part of the supervisor and students is necessary.

# Correlation of Classroom Teaching and Clinical Experience

ELSIE ALLDER

Instructors in the art of nursing are always concerned as to how to co-ordinate more closely classroom instruction with actual ward experience. The benefits of better co-ordination are so obvious they need not be repeated and I shall just mention six methods which we are using to try to obtain these benefits. May I first explain the terms I am going to use in speaking of those who help with the teaching programme? The term supervisor, with us, means a member of the training school office staff who supervises certain wards — each of these wards having its own head nurse. There are two of these supervisors. The medical supervisor supervises three medical wards, one otolaryngological ward and the children's ward, each of 30 beds. Her duties in the training school office are rotation of the students and teaching the medical nursing classes. The surgical supervisor supervises the urological ward of 43 beds, and two surgical wards each of 30 beds. Her duties in the training school office are checking of requisitions for ward supplies and equipment from all wards; entering and filing ward reports of student nurses, and teaching the surgical nursing classes. With us, the term head nurse means a graduate nurse in charge of one ward only.

There must be complete co-operation between instructors, supervisors and head nurses in order to get the best results for the student nurse, and I am happy to say that we have this co-operation. In connection with supervision on the wards, I would like to stress the

value of having the science instructors, as well as the nursing arts instructor, supervising the students. We feel that their contribution is of great value in co-ordinating the principles underlying treatments with the results expected and obtained. For example, in supervising application of dressings to a wound who, better than the science instructor, can emphasize to the student the connection between her instruction in bacteriology and the aseptic technique now being carried out to prevent infection? Or again, in the pouring of medicines, the timely questioning by the instructor who has taught *materia medica* as to the purpose for which the medicine is given, as well as the correct dosage, must surely emphasize the connection between what has been taught and what the student is now actually doing for her patient. The night supervisors are becoming more conscious of their share in the teaching of students, and are most helpful in this important co-ordination.

Nursing clinics are given by the nursing arts instructor, the surgical and medical supervisors and head nurses. These clinics are given to either small or large groups of students and I feel that no opportunity for teaching on the ward should be lost. Clinics are given to small groups who can be got together quickly to see some condition of interest, rather than losing this opportunity waiting for a time when it is convenient to have an entire class present.

In my capacity as director of the teaching department I have two assistants, one of whom teaches the sciences,



The other instructor teaches personal hygiene, hospital housekeeping and materia medica to preliminary students and assists with their nursing practice periods. I teach nursing principles and practice, including bandaging and history of nursing, to preliminary students. I also teach advanced nursing to junior students and proctor lectures given by doctors. The teaching schedule is so arranged as to provide for each of us to spend certain hours in supervising on the wards.

Among the methods which we use is having a patient, wherever possible, in the demonstration room or in the ward, upon whom to demonstrate a procedure such as making a bed with a patient in it; giving a bed bath; applying fomentations or hot dressings. Supervision on the wards is given as soon as possible after the procedures have been taught in the demonstration room. In the teaching department, we have a record of the different treatments or procedures which have been taught to a certain class of students. Each instructor and supervisor takes certain wards on which to supervise these treatments. (This is in addition to routine supervision of nursing care on the wards.) This important co-ordination is greatly facilitated by conferences held between instructors and supervisors at the beginning of the school year, and at different times during the year, as necessary. Conferences between instructors and head nurses are held regularly in order that the head nurses may know when certain students on their wards are prepared to give certain treatments and to discuss any problems regarding them. We get students together who are having morning hours so that they may attend a clinic at 10.30 a.m. These clinics are brief but helpful. Causes, prevention, treatment, nursing responsibilities and health teaching are all emphasized and summarized. The student thus gets by

questioning and repetition, as well as by observation of the patient, a lesson on that certain condition or operation, which she does not easily forget. A clinic for even two or three junior students on one ward may demonstrate the morning care of a patient with a cardiac condition, or turning a post-operative thyroid patient, or making a fracture bed.

The juniors on one ward may be assembled at the bedside of a patient receiving morning care. The instructor assists the student nurse, emphasizing the important points in that care — turning, lifting, supporting the patient, arranging pillows, devices for comfort, etc. Clinics to large groups are arranged to be given to a definite class who are taking their lectures in some specialty such as medicine, surgery, urology, paediatrics. At these clinics, a doctor, a dietitian and a social service worker often share in discussing the patient's condition and treatment.

Perhaps the best criterion by which we may determine the value of these clinics, is the response of the students to questions, and their part in the discussion. Teaching must not be didactic and one must be assured that the student is realizing the connection between her classroom instructions and the situation before her. Clinics are also held on patients with a cardiac condition, anaemia, or pneumonia, and on patients who need post-operative care after gastrectomy, thyroidectomy, radical mastectomy, etc. These clinics are not given at the patient's bedside; discussion takes place in a side room or laboratory off the ward, or at the end of the ward, where no patient can hear what is being said. Having been instructed regarding important points to observe, the students are then taken to the patient's bedside. Depending upon the patient's condition, the instructor asks questions and points out to the

students anything important such as colour, tremor, or emaciation. The patient is thus not exhausted or distressed in any way. Because of our supervision on the wards, we know the patients and therefore have an easy approach to them. As a general rule, they are glad to help in this way and do not mind having a group of student nurses around the bedside. Because we know what is going on in the wards, we can explain questions more intelligently. The students who attend these clinics are enthusiastic about them, and one notices an added interest in the patients under their care. A record is kept of attendance, and clinics given in the morning are repeated to night nurses before 7 p.m.

After the morning report, and before the routine of the day commences, the head nurse discusses with her students the condition or operation of one patient on the ward. (There may be three or four other patients on the ward with the same condition, or who have had the same operation.) The head nurse leads the discussion, but all students take part and both ask and answer questions. These conferences take ten to fifteen minutes each morning. They are sometimes given every morning until one subject has been completed, or every morning in the week.

The head nurse has a conference with each new student sent to her ward at some time during her first day on the ward and again at intervals as necessary and as possible. She explains to the student the condition of the patients assigned to her and the treatments prescribed for them. She questions the student regarding these treatments so as to be assured that she understands the purpose for which they are given and the methods of giving them. A "patient study" is valuable if written under the guidance of the instructor or supervisor

and in connection with some patient whom the student is nursing. Perhaps it is most helpful in connection with medical and surgical lectures and the nursing classes which the student is attending. This study should not be (as some are) a copy of the interne's case history.

These, then, are some of the methods which have helped us. We do feel that our efforts have not been in vain, and that the students are giving better and more intelligent nursing care to their patients.

*Editor's Note:* Following Miss Allder's address, the following contribution to the discussion was offered by Miss Marion Myers, instructor of nurses in the School of Nursing of the Saint John General Hospital.

In discussing the correlation of classroom teaching and clinical experience, I am making my approach from the angle of the "one instructor school" with a correspondingly small personnel to do clinical teaching. In such a school, we usually find that the instructor has little or no time for teaching outside the classrooms, while the supervisors and head nurses are often one and the same person and have the twofold responsibility of administration and teaching, the former presenting the more immediate problems and consequently claiming first place. We all realize that the teaching programme in the clinical field is the very life blood of our educational system but, in spite of this recognition, co-ordination of ward and classroom still remains the weakest link in our teaching programme and especially so in the type of school I am trying to present. In carrying out the methods outlined by Miss Allder we recognize these important factors: good planning and system; the valuable contribution which only those associated with patients are able to give; understanding and appreciation of the inter-relationships and responsibilities of each department; sufficient staff.



In the case of the "one instructor school", I see the head nurse as the only link with the instructor in making any sort of co-ordination possible and I shall briefly refer to the relationships, as I have met them, between her and the instructor. The head nurse is often a very good nurse with perhaps a flair for administration. She knows and is interested in her patients and has much to contribute. On the other hand, she frequently has little interest, sympathy or experience in teaching. To her, that is the work of the instructor. She is inclined to think of students in terms of what they can give rather than what they are to receive.

Co-operation between the instructor and the head nurse requires frequent conferences with general plans made during the summer when the lecture programme is light. The head nurse should attend demonstrations, not only as a means of keeping her informed of teaching methods and proper techniques but because her suggestions are both valuable and acceptable. She is presented to the students as a teacher and they are more inclined to seek her help in the wards. By accepting her suggestions regarding procedures that frequently need revising, her interest is held. Rarely is one indifferent to what one has created. She should be kept informed regarding what students are expected to do and far enough in advance to plan the work. Consideration of the ward from the standpoint of the nursing load is essential—patients must always come first. Head nurses should proctor lectures in their specialty or related subjects; this gives them a responsibility to the student body and gives the instructor time for a ward visit.

The instructor may help the head nurse by having preliminary students especially well grounded in techniques before going to the wards where it is often impossible to supervise even the first performance; the use of students as patients wherever possible is good here. We have also found it well to make the ward contact early, this presents the relationship of the two departments and is stimulating to interest. When a thing is learned, it is natural to wish to put it in use.

Several days before a new class arrives,

the head nurse is informed regarding who are coming and what they are prepared to do. Each student is assigned a convalescent patient and morning and afternoon care are their first nursing practices; as the instructor feels they are ready, the list of activities is added to. The instructor is usually able to spend some time in supervising and helping the students to make this new adjustment. A morning is often well spent on the wards when the instructor can supervise such treatments as baths, enemas, dressings, etc. This is a worthwhile demonstration period and, of course, should be planned with the co-operation of the head nurse.

The greatest difficulty in co-ordination seems to come after the students have passed the preliminary period, when they are more remote from the classroom and the work to be done is overwhelming. It is at this stage that the conference, clinic and case study circle bridge the gap if properly carried out. How adaptable are they to the type of school that I represent? Personally, I have found the large clinic and the case study difficult, but the small clinic, and especially the conference, seem to have many advantages. The conference is the method we have tried to use. The head nurse, in addition to her talk with all new students, endeavours to have one or more individual conferences of from ten to fifteen minutes each daily. She discusses with the student the conditions, objectives, treatments and reactions of the student's patients. This has advantages in that many students respond to this method better than with a group. They discuss what they are interested in at the time and they receive help and understanding relative to the immediate project. In addition to teaching, the head nurse knows her students better through these contacts and her later evaluation is more accurate. Conferences must be planned and records kept.

The instructor's conference is equally valuable because students usually discuss their problems freely with the instructor perhaps because they can more definitely define her part in the teaching programme. This is a relationship to be encouraged, especially where it is difficult for the instructor to spend much time on the wards. The

students, through their contact, bring the ward to her. A period each day should be set aside for this purpose so that all students are interviewed from time to time. The conferences might deal with adjustment to new situations; special types of cases; underlying principles relating to treatments; relationship of special lectures to cases. Material for clinics is often found in this way and, through the student presentation of patients and problems, the instructor often sees a definite situation where she may help, thus saving time as well as giving assistance where it is needed.

The clinic is an old and well tried method of teaching and no other system brings formal learning into closer relationship with the patient. For the successful clinic we require proper selection of the case, and understanding and study of the condition and treatment by the person giving the clinic. The students should be prepared to understand and associate by means of a previous lecture. Disturbing factors are the difficulty in getting a group of nurses together and in arranging for adequate space and sufficient time. The early afternoon seems a good time because nurses have returned from their morning hours, patients are less demanding, doctors' rounds are over, and vi-

sitors have not yet arrived.

Supervision is a type of co-ordination that requires less planning and can be carried out at any time with any student. In many schools, supervision needs to be built up as a more constructive and helpful instrument, rather than a sort of correction when procedures are not going well. The fact that a student carries out a technique correctly is not always a proof of her understanding but it affords an excellent setting in which to test her association of underlying principles. Examinations in nursing practice are much more satisfactory if taken on the wards and also serve as a link in the co-ordinating scheme. The morning circle lends itself well to all hospitals and has these advantages: the students are all on duty; the patients have received recent care by the night nurses; the students are more alert and receptive to learning than at any other time; the ward report has a definite relationship.

The methods of co-ordination will often have to be selected according to their adaptability to the individual school or department. But the vital link is a consciousness of the importance of the inter-dependence of the teaching departments and the wards by all members of the staff of a hospital associated with a nursing school.

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## Report of the Public Health Section

Culminating the activities of the past four years, during which time an intensive study was made of the existing minimum qualifications for employment in public health nursing positions, a report was submitted, and the following recommendations were unanimously adopted:

That we approve in principle the requirement that, in the future, all new appointees to public health nursing positions should have a certificate or diploma in public health nursing.

That we approve the principle of married

nurses being given the same consideration in employment as unmarried nurses.

That during the war, we encourage those married nurses holding a certificate or diploma in public health nursing, to return to the public health nursing field rather than to have vacancies filled by nurses lacking special preparation for this field.

That in collaboration with the Public Health Nursing Section of the Canadian Public Health Association, an extensive program of education regarding the importance of the adequate preparation of nurses for public health positions be undertaken with lay boards or organizations, with health of-



ficers, with public health nurses themselves and especially with employees in industry.

That younger nurses who are now engaged in public health nursing positions, and who have not a certificate or diploma in public health nursing, be urged to qualify.

That staff education, including an introduction to the specific field and a well-planned programme for continuous education of the staff, be considered an important programme of every public health nursing organization.

That a committee composed of members from the Public Health Section of the C. N.A. and the Public Health Nursing Section of the C.P.H.A. working in collaboration, consider these recommendations regarding minimum requirements in the field of public health nursing for the years 1941-46, before they are finally adopted. Further, that the representatives to this committee be appointed by the two Executives and that the Executive of the Public Health Section of the C.N.A. be authorized to take the necessary steps to implement it.

That a representative of this Section be appointed as chairman of this special committee to consider these recommendations regarding minimum requirements and that she be empowered to select members from the Public Health Section. (Miss Florence Emory of Toronto, was appointed to act as chairman of this special committee.)

That this Section undertake a full study of the salaries of all nurses working in public health positions in Canada, this to include a study of the possibilities of pension and superannuation schemes.

A second study was referred to this Section by the Committee on Nursing Education of the C.N.A. This study was concerned with the standards for admission to courses in public health nursing. The Executive of the Public Health Section felt that the first step would be to determine the present standards for admission required by the various Universities in Canada and United States. Following the reading

of the report at the Section meeting, this recommendation was adopted:

That this study be referred to the Provisional Council of University Representatives and that the chairman of the Public Health Section of the C.N.A. and of the Public Health Nursing Section of the C.P. H.A. be suggested as collaborators in continuing this study. If either or both chairmen are members of the Provisional Council, some other representative shall be appointed from the Section.

A request was received from one of the Provincial Public Health Sections that consideration be given to the possibility of correspondence courses in public health nursing being established to be followed by an intensive course at the University for the study of those subjects which do not lend themselves to the correspondence method. There was not sufficient time at the Section meeting to discuss the merits of this proposal and it too was referred to the Provisional Council of University Representatives, without recommendation from this Section.

The report of the Publications Committee, commenting on the development of the Public Health Page in *The Canadian Nurse* was received with enthusiasm. Suggestions were made for the types of material which would be of greatest value to public health nurses in Canada.

A well-attended luncheon was held between the morning and afternoon sessions of the Section at which Rev. Father Bouvier, S.J., of the school of Social Service of the University of Montreal, gave a most instructive address on "Social Problems in Industry". It is hoped that a copy of this material may be available for publication in the near future.

MARGARET E. KERR,  
Chairman, Public Health Section,

## REPORT OF STUDIES REGARDING MINIMUM REQUIREMENTS FOR EMPLOYMENT IN THE FIELD OF PUBLIC HEALTH NURSING

It will be recalled that at the last session of the Public Health Section, held in Calgary in 1940, definite recommendations for the further collaboration of this Section with the Public Health Nursing Section of the Canadian Public Health Association were adopted. The instructions given to the in-coming Executive at that time were to collaborate "in preparation and adoption of definite standards for the employment of public health nurses". It will be realized that this assignment was somewhat broader than the study of minimum qualifications only, and has been so interpreted by the Executive which has acted as the core committee approved in the second recommendation.

During the period of 1940-41, it was decided to continue the study of minimum standards by a consideration of the question, "How many nurses with public health training could be absorbed in each province annually in order to meet the requirements of established services?" In order to answer this question, it seemed necessary to secure information as to, first how many nurses were being graduated each year from the various universities providing courses in public health nursing, and second, how many nurses were being absorbed annually in each province, and of these how many were fully qualified as public health nurses.

In studying the first question, the co-operation of the six Canadian universities maintaining schools or departments of nursing for the training of public health nurses was secured, and the results of the study were published on the Public Health Nursing Page of *The Canadian Nurse*, June 1941.

This study indicated two things in particular. First; that, in general, over a period of five years, the facilities available for the training of public health nurses were not used to their maximum extent. In other words, there always has been a gap between the maximum number of students the universities were prepared to enrol, and the number actually in attendance. This would seem to indicate a need for greater effort on the part of all public health nurses, organizations employing public health nurses, and associations, to encourage more graduate nurses to avail themselves of the postgraduate opportunities provided. It points, too, to the importance of establishing scholarship and loan funds to assist nurses who are interested in securing full qualifications but who are unable to finance the project alone.

This study also revealed that there was a considerable tendency on the part of the graduates of these public health nursing courses to accept employment in the province in which they had secured their training, rather than to return to their home province. Since courses are available at the universities in only four provinces, it is reasonable to assume that the remaining five might experience some difficulty in securing the services of qualified public health nurses. This assumption was borne out in a later study. A report of the findings in the second question was published on the Public Health Nursing Page of *The Canadian Nurse* in January 1942.

On the basis of the figures obtained in these studies the Executive prepared an outline for the Provincial Sections to use in considering the minimum qualifications for the employment of public



health nurses which were outlined and adopted by the Public Health Nursing Section of the Canadian Public Health Association. These minimum qualifications are presented and, in reviewing them, the replies to the questions asked in the study outline received from the Provincial Public Health Nursing Sections are summarized for your consideration:

Academic qualifications for staff nurse, supervisor, assistant director and director should be Pass Matriculation, and higher educational attainment is desirable. Personal qualifications should include good physical health, pleasing personality, emotional stability, and sound character; good judgment; an enquiring mind; an understanding and sympathetic interest in people; ability to get along with people; a well-developed sense of responsibility; resourcefulness; tenacity of purpose with ability to compromise and not to antagonize; dependability.

Applicants for positions as staff nurses should possess the following professional qualifications:

A diploma in nursing from a recognized hospital or university school of nursing.

A certificate or diploma in public health nursing from a recognized university school or department.

The applicant should be registered in the province or state where her training was received and should be eligible for registration in the province where employment is sought.

Preparation for the field of public health nursing should be secured through from two to three years of study in a hospital school of nursing followed by one year of special preparation in public health nursing or a well-integrated training of between three and four years with emphasis upon preventive teaching throughout, and including specific teaching in organized public health work.

Some contact with community health services in each of three years of undergraduate training.

A minimum of three months of practice work including experience in municipal health department practice and visiting nursing: preferably experience in a rural field should be added.

The basic professional qualifications for a supervisor are the same as for a staff nurse. In addition she should have a minimum of from two to four years of diversified experience and at least one of these experiences should have been with a public health nursing agency where adequate supervision is provided. She should have a technical knowledge of the specific field to be supervised and special training in the field of supervision (both theoretical and practical) is desirable.

The assistant director should possess the professional qualifications outlined for a supervisor, together with satisfactory supervisory experience, preferably with more than one organization. Additional postgraduate experience is desirable, and she must have a technical knowledge of the specific field. The director should possess the professional qualifications as outlined for a supervisor as well as supervisory experience, preferably with more than one type of public health organization. She should possess marked administrative ability and should have taken additional postgraduate work.

Replies given by the Provincial Public Health Sections to the following questions are significant:

*Do you feel that it is too soon to introduce this requirement of a certificate in public health nursing as a standard for all of Canada?*

All provinces were agreed that theoretically it was an ideal standard. Manitoba and New Brunswick felt the time was not ripe to require it. Alberta felt that such a requirement could not be enforced with the present wartime shortage of nurses. We must bear in mind that we are building for the future, however, and set our standards accordingly.

*Should we accept this requirement and attempt to enforce it?*

British Columbia and Ontario gave an emphatic "yes". Prince Edward Island also would institute this requirement for all new staff nurses. The other provinces felt it was impossible to enforce it though every effort should be made to encourage its acceptance. Since we in the Section do not have the authority to enforce any such requirement, if we approve the principle, it will be incumbent upon each one of us to encourage its adoption by local and provincial organizations.

*What factors would hinder this enforcement in your province?*

Curiously enough, almost all the difficulties seemed to be focused on the problem of nurses securing postgraduate training, rather than the need for educating lay boards or organizations to demand the fully qualified worker. Quebec, New Brunswick and Nova Scotia indicated that the employer's lack of understanding of the value of properly trained personnel was a factor, but the chief difficulty seemed to be the inability of the nurses to finance such courses. Manitoba commented on the accessibility to universities providing public health nursing courses. Perhaps the first approach by this Section should be to seek the establishment of standardized courses in every provincial university.

*Would financial considerations, both from the point of view of the employing agency and the nurse, be vital factors in many communities?*

The majority of the provinces replied in the affirmative since higher salaries would be demanded by fully qualified nurses. Alberta states, however, that there is practically no difference between the salaries paid to public health nurses and those nurses without special training. A full study of the salary situation would be a very worthwhile

project for this Section to undertake.

*Where does stress need to be placed in order to achieve this objective: (a) with lay boards of organizations, (b) with health officers, (c) with employers in industry, (d) with public health nurses themselves?*

The feeling was unanimous that all groups mentioned were in need of education. Ontario felt the greatest effort should be made with employers in industry. Our study of the industrial nurses indicated that of 187 who were employed in 1940 only 14 or 7.4% were fully qualified public health nurses. Since there was common agreement that even the public health nurses themselves needed to be aroused to an appreciation of the value of public health training, an extensive programme to include all of the above-mentioned groups should be undertaken by this Section.

*How can we proceed to educate these groups to the desirability of this standard?*

First, by being very sure ourselves of its merits. You cannot sell a product effectively if you do not believe in it yourself. Suggestions were made for regional conferences of lay boards, where authoritative reports might be given showing the economic, social and educational value of the services of qualified public health nurses. While some plan of this kind is followed by such national organizations as the Victorian Order and the Red Cross, few efforts have been made to sponsor such institutes for lay boards in general. The Proposed Curriculum for Schools of Nursing outlines a course in Community Health and Social Needs which provides an avenue for a qualified public health nurse to reach the student nurses as they approach graduation and educate them as to the value of properly qualified personnel in the community services. Other suggestions included such programmes as



providing refresher courses; providing summer sessions at the universities where nurses might secure credits leading to their certificate during their vacation period; increased provision of bursaries and loans; promoting study groups through the provincial sections to stimulate local interest; increased use of well-stocked lending libraries; correspondence courses from the universities in lieu of full attendance for the theory; exchange of nurses between staffs in university and non-university centres to facilitate courses of study on a part-time basis.

With employers in industry, it was felt that direct contact should be made by well-informed representatives of each provincial public health section. The utilization of the services of fully qualified public health nurses who would strive to maintain the health of the workers so that their efficiency is increased could be urged in these interviews.

*If these minimum qualifications become effective what steps, if any, should be taken concerning the nurse already employed in public health work but who has not a public health certificate?*

It was the consensus of opinion that the younger group of nurses should be urged to qualify, being given leave of absence for this purpose. Some provinces suggested a maximum of two years' employment for unqualified nurses after which they should be required to take a course. For all of these nurses, in-service training was considered a requisite.

*Should any special consideration be allowed her by the university at which she may take a public health course?*

Certain field work credits might be allowed providing the service from which the nurse came had maintained a standard of work which could be evaluated. It was felt that the theoretical part of the course should not be cur-

tailed. There was a suggestion that for older nurses some special consideration might have to be made on the basis of educational requirements for admission to the university.

*Should the age of the nurse be a factor in determining the policy of the employing agency in requiring its nurses to become fully qualified?*

Unanimous approval was given to this question, especially for the older women who may be nearing the age of retirement. It was emphasized that chronological age should not be given as much weight in such decisions as the number of years of experience.

*Should the minimum personal qualifications be the same whether a nurse is working alone or as a member of a staff? What further qualifications should the nurse working alone have?*

These personal qualifications are desirable in both cases, but the nurse working alone should be more mature, with greater qualities of leadership and executive ability, and greater development of her powers of judgment. One very important point that is well worth inclusion was mentioned by Manitoba — "ability to sustain her enthusiasm".

*In the event of a shortage of public health nurses, should fully qualified public health nurses who are married be employed?*

The replies were all in favour of this plan, though with certain limitations. Alberta feels if there is a shortage of public health nurses only, others should be encouraged to fill these positions with the understanding that they would take postgraduate work later. British Columbia suggested that employment should cease as soon as the shortage could be met by unmarried qualified nurses. Manitoba and New Brunswick felt the personal responsibilities of the married nurse should be considered. Nova Scotia felt that training of new personnel was

too expensive. Ontario and Quebec felt the married nurse was emotionally more stable and better able to adjust than the unqualified nurse. Prince Edward Island stated the married nurse must not have been inactive for longer than five years.

*Should some additional training or experience in teaching, over and above the instruction and practice provided for in university public health courses, be instituted?*

In general, it was felt the theoretical background provided was adequate but greater attention should be given to the practical application to every teaching situation, especially in the home visit. More practical experience with talks to adult groups was urged.

*Should some special effort be made to encourage nurses who have had previous experience as school teachers to enter public health work?*

The replies to this question were varied and interesting, ranging from a whole-hearted "yes" to "not necessarily, some teachers make poor public health nurses". Other provinces reported that, other things being equal, the public

health nurse with a teaching background was a success, but, in the long run, it depended upon the individual. The most amusing of the replies read "in reaching this goal of increased requirements we must be careful lest we find ourselves with an over-educated group of old maids".

*Should some minimum qualifications in regard to teaching ability be included? If so, what would you suggest?*

While only one province felt it was unnecessary to include teaching ability as a qualification, all found it difficult to make concrete suggestions regarding a definite form in which the qualification should be stated. It was urged, however, that a satisfactory standard curriculum of public health nursing courses be drawn up and used by all universities in Canada providing training for public health nurses, this to include instruction in how best to plan and organize work and to adapt methods to individuals and group teaching.

MARGARET E. KERR  
Chairman  
Public Health Section

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## STANDARDS FOR ADMISSION TO COURSES IN PUBLIC HEALTH NURSING

At an Executive meeting of the Canadian Nurses Association held in January 1942 the following recommendation was made: "In view of the impetus which may be given to public health nursing by the war, it is recommended that the Executive Committee of the Canadian Nurses Association should ask the Committee on Nursing Education of the Canadian Nurses Association immediately to study and formulate stand-

ards for the training of public health nurses". As the Public Health Section was already studying qualifications for public health nurses this recommendation was referred to our Section.

The Executive of the Public Health Section felt that the first step in this study would be to determine the present standards for admission to courses in public health nursing. Accordingly letters were sent to the directors in uni-



versities offering such courses in both Canada and the United States, asking for their syllabus and also requesting information on any special courses which may have been instituted in order to prepare public health nurses in a shorter time to meet the increasing shortage of trained personnel. Letters were also sent to the various Foundations and Loan Funds asking for the standards which are set for applicants. The following report is based on the replies received:

*Loan Funds and Scholarships:* Replies were received from eight Foundations or Associations offering scholarships or loans. All required the applicant to be a graduate of an accredited school of nursing and that she be registered in the state or province from which she came. Most require that the applicant have from one or two years' experience in some field of nursing. Two request a satisfactory health certificate.

*Universities:* In reviewing the information received from departments in universities offering courses in public health nursing, the statements regarding eligibility for entrance to the course were considered under the following headings: age of applicant; preliminary education; hospital background; registration; personal and other qualifications.

Replies were received from nineteen universities in the United States. Many offer both the certificate and the degree course, while some offer only a course leading to a degree in public health nursing. No age limit is stated by any university. The applicant must be a graduate of an accredited high school. Some universities stipulate certain subjects which must be taken in high school. Although not stated by all, since these courses are approved by the National Organization for Public Health Nursing, it is taken for granted that applicant must be a graduate of an accredited

school of nursing connected with a hospital having a daily average of 100 patients. Registration in the state of the student's residence, or in the state in which the course is being taken, is required. Several universities specify definite qualifications, such as an interest in and ability to work with people; good physical health and emotional stability; initiative, good judgment, resourcefulness, personal fitness for public health nursing.

Replies were received from six universities in Canada. Three offer courses leading to a degree as well as the certificate course. One offers a combined course in hospital and public health nursing. One university indicated that applicant should not be over 35 years of age when entering the school, another that applicant should not be more than 35 years of age unless already engaged in school or public health nursing. Three universities do not indicate any age limit. Five universities require pass or junior matriculation and one senior matriculation. Although not stated by all, it is taken for granted that applicants to all courses must be graduates of approved schools of nursing. Some state that applicants must be registered in the province or country from which they come and others ask only that applicant be eligible for registration. No personal qualifications are stated. One university asks for a certificate of health; another asks for a certificate of medical examination and of successful vaccination within seven years or of insusceptibility to vaccine within five years; another asks for a certificate of good health and a report of a recent x-ray of the chest.

From the replies received to questions regarding special plans for preparation of public health nurses to meet shortage of trained personnel, it was learned that in the United States many universities

are endeavouring to speed up their training in such ways as the following:

Repeating many courses that ordinarily would not be repeated, thus allowing a student to come in for a shorter period than was formerly possible and also allowing a student to enter at any quarter of the year and to be sure of a well-balanced programme.

Offering a full semester of work during the summer session instead of the usual six and eight week courses.

Changing from a semester to a trimester basis, thus with more frequent repetition of the courses included enabling nurses to complete their programmes more rapidly.

Increasing enrolment.

Arranging with field agencies to take students during the summer months.

Admitting an extra class one month later than the usual registration.

In order to meet the problem of staffing local public health nursing agencies, one university is selecting a few students who have excellent professional backgrounds and who have completed the theoretical part of the public health nursing course, and who give promise of development, for a year's generalized experience under supervision in well-organized public health agencies. These students join the staff and are paid the usual salary of a new nurse. They are given every opportunity and experience that the agency offers, and they agree to stay one full year. The university does not give them their credits for their work until they have completed the

year of work with the agency. This takes the place of the regular three months of field work. One university reports the addition of a special night course for nurses in industry and the nurses from local public health associations who may help in carrying the industrial nursing programme. Another university has set up refresher courses which extend through one quarter and provide for the re-training of public health nurses who have been out of the field for some time. In this plan the nurses take the standard basic courses and in addition carry a supervised reading programme.

In Canada three universities stated that they have made plans to increase their enrolment, but no definite statements were made in regard to any further plans to prepare public health nurses in a shorter time.

It is recommended that a special committee be appointed by this Section of the Canadian Nurses Association and the Public Health Section of the Canadian Public Health Association to collaborate with the universities sponsoring courses in Public Health Nursing, for the study of existing courses and for the formulation of standard curricula.

MARGARET E. KERR

*Chairman*

*Public Health Section*

*Canadian Nurses Association*

## RAPPORT DE LA SECTION D'HYGIENE PUBLIQUE

### (section française)

*Nombre d'infirmières-visiteuses:* Donner une idée exacte du nombre d'infirmières engagées en hygiène publique est assez difficile, car les infirmières ne sont pas toutes fidèles à remplir et à retourner à notre registraire la formule destinée à nous rensei-

gner sur l'emploi de chacune d'elles. Nous pouvons dire que nous comptons présentement dans la province 681 infirmières visiteuses ou hygiénistes, Melle Upton, en 1940, rapportait que 566 infirmières appartenant à notre section étaient réparties ainsi: dans



les organisations officielles — 246, dans les organisations privées — 225 (sont comprises aussi parmi ces organisations les infirmières du V.O.N. et de l'Assurance-Vie Métropolitaine), dans les industries — 72, engagées en tuberculose seulement — 23. En 1941, nous trouvons que les infirmières au nombre de 681 se rencontrent dans les organisations suivantes: organisations officielles, 295; organisations privées, 258; industries, 103; en tuberculose, 25. L'augmentation notée de 1941 sur 1940 est-elle réelle ou est-elle due simplement à une meilleure classification? De 681 infirmières visiteuses, en ne tenant pas compte de celles qui travaillent dans les industries, nous croyons qu'environ 425 sont de langue française et que 136 d'entre elles ont leur diplôme en hygiène publique, ce qui fait un pourcentage de 32%.

*Activités de la section:* Le Comité a tenu en 1940 cinq assemblées de l'Exécutif et 5 assemblées en 1941. Nous avons tenu également une assemblée générale de tous les membres en 1940. Nous avions à cette assemblée une conférence sur l'hérédité et les lois de Mendel. A l'assemblée générale de 1941, nous avons eu une conférencière de la Commission des Prix en temps de Guerre, qui nous a renseignées sur le devoir des citoyennes, concernant le plafond des prix. Mlle Suzanne Giroux, co-aviseur de l'Association des Gardes-Malades du Canada, est venue nous expliquer les problèmes urgents du nursing.

En vue de collaborer et de seconder les efforts de nos gouvernants, le Comité a offert à ses membres quelques cours sur la nutrition. L'inscription à ces cours fut de 270. Avec les bénéfices réalisés par ces cours et ceux donnés en 1940, la section française offre deux bourses de \$100 aux infirmières qui désirent faire des études en hygiène publique. En 1940, une infirmière de l'Assistance Maternelle a bénéficié d'une de ses bourses et suivit le cours de l'Ecole d'Infirmières Hygiénistes de l'Université de Montréal.

La section a enquêté, comme d'ailleurs il a été fait dans les autres provinces, sur le nombre d'infirmières engagées en hygiène publique et sur leurs qualifications. A une assemblée conjointe de membres de langue

anglaise et de langue française, il y eut une discussion sur les moyens à prendre afin de mettre en pratique les recommandations de la section du nursing de l'Association Canadienne d'Hygiène publique. Rapport de ces deux études fut envoyé à l'exécutif. Deux membres de notre section ont écrit en collaboration un article sur ce qui se fait en hygiène dans nos familles canadiennes-françaises à Montréal.

*Amélioration et expansion des services d'Hygiène:* Les services d'infirmières dans les industries a pris ces années dernières beaucoup d'expansion; quoique nous ne pouvons pas donner de chiffres exacts, nous avons l'impression qu'il y a une augmentation assez notable. Au Ministère de la Santé, nous sommes heureuses de faire remarquer que les infirmières des centres de colonisation ont pu bénéficier d'une série de cours sur les problèmes à résoudre dans ces régions. Les maladies vénériennes ont maintenant dans la province combat à livrer avec les enquêteuses. Le gouvernement passait la "loi des maladies vénériennes" le 20 mars 1941. Depuis des Services Sociaux furent organisés dans plusieurs centres. Les infirmières, avant d'assumer leurs fonctions, ont reçu des cours spéciaux sur les moyens de faire le dépistage et le "follow-up" des cas.

Au Service de Santé de la Ville de Montréal, la tendance est que les infirmières hygiénistes fassent du service généralisé, exception faite des soins au chevet. Ces changements, sans doute une amélioration, sont survenus à la suite de la division de la Ville en districts sanitaires.

*Faits à souligner:* Depuis la Convention de Calgary, plusieurs faits démontrant progrès dans le domaine de l'hygiène publique méritent mention. Le Congrès de l'Association Canadienne de l'hygiène publique a tenu ses assises dans la vieille capitale de Québec. Celles qui ont eu l'avantage de s'y rendre ont apprécié l'hospitalité franche et sincère des Québécois. Deux séances à ce Congrès furent spécialement consacrées au nursing; des travaux très intéressants furent présentés surtout par les infirmières du Ministère de la Santé. Un rapport volumineux des séances des diverses sections fut publié par l'Association.

Les infirmières de l'hygiène publique ont répondu avec empressement aux désirs de l'Association des Gardes-Malades du Canada et un grand nombre ont suivi les cours en secourisme; plusieurs surveillantes et directrices ont reçu le diplôme d'instructeur en secourisme. Les médecins et les infirmières du Service de Santé de la Cité de Montréal ont donné, sous la directive de l'Ambulance St-Jean, des cours aux élèves des 8, 9, 10, 11 et 12ième années, des écoles de la métropole.

*Université de Montréal:* Nous croyons qu'il est intéressant de noter les changements survenus à l'Ecole d'Infirmières Hygiénistes de l'Université de Montréal. Cette école, connue autrefois sous le nom "d'Ecole d'Hygiène Sociale Appliquée", fondée et dirigée par M. le docteur J.-A. Baudoin, est maintenant sous la direction immédiate d'une infirmière. La directrice intérimaire actuelle partage son temps entre le Service de Santé et l'Ecole, mais dès l'année 1942-43, une directrice permanente, dûment qualifiée, en assumera les fonctions. Ce changement est survenu à la suite d'une réorganisation de l'Ecole. Cette réorganisation fut suscitée par

la visite de Rév. Soeur Olivia Gowan, doyenne de la Faculté du Nursing, Université Catholique de Washington et présidente de "Association of Collegiate Schools of Nursing" et de Mlle Mary C. Connor, secrétaire du programme d'éducation de "National Organization for Public Health Nursing". Les directives de ces deux distinguées visiteuses sont suivies à l'Ecole. Il est à désirer que l'Ecole continue de progresser et que dans un avenir rapproché toutes les infirmières de langue française soient munies du diplôme hygiéniste.

En terminant mon rapport, je tiens à souligner tout le plaisir et la satisfaction que j'ai éprouvés à travailler avec les membres de l'Exécutif de l'Association des Gardes-Malades du Canada et de l'Association des Gardes-Malades Enregistrées de la Province de Québec. L'intérêt et la collaboration apportés par les membres de notre Comité aux questions intéressantes de nursing confirment que les infirmières ne restent pas indifférentes à l'avancement et au progrès de leur profession.

A. MARTINEAU, G.M.E.  
*Convocatrice*

## Report of the Hospital and School of Nursing Section

I have the honour to present the report of the Hospital and School of Nursing Section, Canadian Nurses Association, for the years 1940-1942. Two executive meetings were held but the work of the section has been carried on largely through correspondence. The first meeting of the Executive was held in Montreal in November 1940; Miss Thelma MacKenzie was appointed convenor of the Committee on Instruction and plans for Section activities were discussed.

In February 1941 the convenor wrote to all provincial convenors suggesting topics which seemed to merit

special study by all members of the Section. These topics included:

The Curriculum Supplement on clinical teaching, its study and distribution.

The probable shortage of nurses due to war conditions and means to combat this.

Consideration of the possibility of preparation and employment of graduate nurses as clinical technicians, due to a shortage of internes, and the probable effect of this on nursing.

The general duty nurse: her importance to the hospital and her development for greater responsibility with a corresponding improvement in her status.

These points have been and will con-



tinue to be of major importance to all nurses particularly to those in hospital work.

A second Executive meeting was held in Ottawa in September 1941. At this meeting the resignation of Mrs. Tripp (Miss Thelma MacKenzie) was accepted with regret and Miss Miriam Gibson, Toronto, was appointed to succeed her. Two important decisions were made at this meeting: (1) the initiation of "A Page" in *The Canadian Nurse*; (2) a study of Registration Examinations.

Encouraged by the editor, and by promises of support from the provinces, it was decided, with some trepidation, that the Section undertake to sponsor "A Page" in *The Canadian Nurse*. In doing this we were following the excellent example of the Public Health Section. Miss Gertrude Ferguson, Ottawa, was appointed convenor of publications for the Section. Miss Ferguson's report will be presented but the Executive of the Section would like to take this opportunity to express keen appreciation of the interest which has been shown in this project by all provinces. We shall follow the development of our infant with much interest and are happy to know that articles are on hand for the present and that a number of others are in process of preparation.

The lack of uniformity of subjects and methods of conducting provincial registration examinations was discussed and a fact finding committee was appointed, convened by Miss Gibson, to make an exhaustive study of present practices in all provinces. Later, the Committee functioned under the Committee on Nursing Education of the Canadian Nurses Association and a report has been prepared for presentation.

War conditions have imposed many additional demands on nurses but, as is

usual in times of stress, everywhere, there is evidence of greater interest and effort which promises well for the future. This is well illustrated by the reports of provincial sections. Study groups are being organized throughout Canada and these are concerned with such aspects of nursing as:

*Improvement of clinical teaching* through better methods and better preparation of staff nurses. This is the result of interest aroused by the Curriculum Supplement and by refresher courses. The refresher course, "Better Nurses Better Nursing", given by Miss Lindeburgh is enthusiastically referred to in more than one report.

*Improvement of examination* both in schools of nursing and for registration. Types of questions, rating scales, text books, etc., are being reviewed.

*Post-graduate courses* to prepare nurses to fill the gaps constantly being made by the demands of military nursing, nursing help to other countries and by marriage.

*Refresher courses* both for active nurses and for nurses who have been out of active service for some time and wish to prepare themselves for present or future emergency calls.

*Centralized preliminary teaching* to improve the quality of instruction especially for the schools where facilities are limited and instructors few.

*War services* work of all kinds but more particularly attending or teaching first aid and air raid precautions classes.

Items from the provincial reports deserve special mention here. In *Alberta* the instructors group is very active, meeting monthly except during the summer months and instructors from smaller centers find ways of attending. In *British Columbia*, contact has been made with Girls' Counsellors of the Vancouver High Schools. The pos-

sibility of short courses in hospital administration, teaching and supervision is being studied. In *Ontario*, a number of new instructor groups is being formed for detailed study of the Curriculum Supplement. Consideration of centralized preliminary teaching, especially for the science subjects, is proceeding. There is an increase in the number and variety of refresher courses. In *Saskatchewan*, a study of the Curriculum Supplement is being made by assigning certain parts to each sub-section of the province. A report has been made of the findings and recommendations. A revision of the minimum Curriculum has been completed and refresher courses for inactive nurses have been held. In *Manitoba*, the production and use of suitable films for teaching in Schools of Nursing was recommended following an experimental showing of both sound and silent films. Of outstanding interest is the successful organization of a course for head nurses in ward administration and teaching. One class a week was held from October to April with a short Christmas recess. The course finished with an Institute conducted by Miss Ida MacDonald, University of Minnesota. The attendance averaged forty and the results were thought to be most satisfactory. Meetings of instructors were utilized for demonstrating and evaluating meth-

ods of teaching with a view to standardization. In *Nova Scotia*, the improvement of educational entrance requirements, through contact with High Schools has been effected. The establishment of a loan fund by some Schools of Nursing has stimulated post-graduate study. First aid and home nursing have been added to the Curriculum. Following a visit from Miss K. W. Ellis, nurses representing 18 hospitals from all parts of the province met for a conference on hospital nursing service. In *Quebec*, there has been intensive study of the Curriculum and a revision of the by-laws of all Sections has been completed. Refresher courses were held for the Public Health Section (English) and special techniques were demonstrated. In *New Brunswick*, study groups were formed throughout the province for the study of Curriculum Supplement. A refresher course given by Miss Lindeburgh was held at Saint John at which each school in the province was represented by two staff members. A yearly scholarship for a university post-graduate course continues to be given by the Provincial Association. In *Prince Edward Island*, improvement is noted in Registration Examinations and the nurses are very active in war service.

BLANCHE ANDERSON,  
*Chairman, Hospital and School of  
Nursing Section.*

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## Report of the General Nursing Section

One executive meeting of the Section was held and the remainder of the work has been carried on by correspondence. It was necessary for the executive to appoint a vice-chairman, in the person of Miss W. K. Brown, Wolfville, Nova Scotia and a second vice-chairman,

Miss Pearl Brownell, Winnipeg, Manitoba.

The General Nursing Section now sponsors a quarterly page in *The Canadian Nurse*. The publications committee has functioned faithfully. Great credit is due the convenor, Miss Helen Jolly, for



her untiring efforts. Educational projects have been carried on as will be seen in the provincial reports, a brief summary of which is herewith set down.

*British Columbia:* The establishment of a Nursing Bureau is under consideration in Vancouver. Employment has been brisk.

*Alberta:* Educational programmes are regularly arranged. There is a periodic shortage of private duty nurses and difficulty in filling general duty calls. Practically all nurses have taken first aid and A.R.P. courses.

*Saskatchewan:* Considerable work has been done on registry re-organization. In some places practical nurses have been permitted to register on the professional registry. Married nurses are being brought back into the field in order to take care of the need. One registry extends equal privileges to married and single nurses alike, while another calls them only when single nurses are not available. There has been an abnormal demand for general duty nurses for smaller hospitals. They have not all been filled. Refresher courses have been arranged.

*Manitoba:* Calls for private duty nurses have been adequately taken care of but great difficulty is experienced in obtaining nurses for general duty, especially for hospitals in the country. Many married nurses have come back into private duty and a few into general duty. Married nurses who have been out of active nursing for some time are advised to do hospital work for a month or two before registering. Refresher courses have been held.

*Ontario:* Private duty nurses all over the province are studying registry organization. Several set-ups have been made and re-organization of existing registries is under way. Practical nurses are being supplied by several professional registries. Educational programmes have been carried on. Refresher courses specifically arranged for private duty nurses have had co-operation of the Universities of Ottawa and Toronto. In London, demonstrations of new procedures and review of others were included in the course

presented. A course of instruction for practical nurses was sponsored by the London Central Registry for Nurses.

*Quebec:* The eight-hour schedule became effective in Montreal in 1941. There is a periodic shortage of nurses. Educational programmes including first aid and A.R.P. courses have been well attended.

*New Brunswick:* Generally there has been a step up in employment although Fredericton reports a medium year and St. Stephen a normal one. Regular educational programmes are arranged. Re-organization of registries is under consideration in some centres. Twelve-hour schedule is prevalent throughout the province.

*Nova Scotia:* The last report received from this province stated optional eight or twelve-hour duty was being done in Halifax hospitals by private duty nurses and that in other centres twelve-hour duty predominates.

*Prince Edward Island:* First aid courses and A.R.P. lectures have been well attended. There is a shortage of private duty nurses.

The tabulation of data received and subsequent estimate on a percentage basis presents a general picture of nursing registries in Canada. Since the detail of the survey is too extensive to include in this report we have endeavoured to incorporate only the most important factors. Information was received concerning 95 places where registries function.

Twenty-two of these registries are Central Registries of which twelve have reorganized within the past five years and five within the past six months. Fifteen registries, conducted by hospitals, are considering re-organization. One registry is conducted by a drug store. The following summary gives an outline of the general situation:

91% carry only professional nurses on their call boards.

9% carry professional nurses and practical

nurses with 2% of this group including masseuses and orderlies.

9% use improved record systems including personal file of registrants. A number recently organized use a follow-up system.

74% maintain only a list of nurses names for the convenience of hospitals and physicians.

12% function under the direction of a representative board of directors.

51% have no governing board.

21% conform to established rules and regulations. In many instances they are very limited.

7% arrange regular educational programmes.

93% do not provide for an educational project. Some state that private duty nurses take advantage of refresher courses sponsored by other groups. Fees to the patient are not uniform. For an eight-hour period they range from \$3. to \$5. for one period of service. For a twelve-hour period they vary from \$3. to \$7.50.

The eight-hour schedule for private duty nurses in hospitals is fairly general except in the Maritime Provinces where twelve-hour duty predominates. Twenty-hour duty in homes is still offered in most centres. Two places offer only eight-hour service. Hourly nursing service offered through registries is not used extensively. With two or three exceptions, organized registry office personnel agree that calls for private duty are being taken care of but that general duty calls are very difficult to fill. It is felt this is not due to the type of work but to the salaries offered. Information reveals that salaries range from \$45. to \$65. a month with maintenance,

with a small number exceeding this amount. Nurses are unwilling to accept employment for general staff nursing on a daily basis with salary pro-rated on a monthly scale. It is pointed out that their cost of living remains the same unless they are taken on the permanent staff.

Selectivity of periods of duty and cases is becoming more prevalent. It is well to remember we are professional women offering a public service: that we are at war, and that our duty lies in meeting the public need in nursing service. A great number of practical nurses are working in every province. In a small number of communities an attempt is being made to offer direction and to exercise some control over this group. There is an increasing tendency toward registering the practical nurse on the professional registry.

The survey reveals the need for:

1. The organization and co-operation of private duty and general duty nurses in their respective communities.
2. The developing of community nursing registries (including record systems) in order that adequate nursing service will be provided to the public and at the same time afford a measure of protection for the nurse identified with the service.
3. The arrangement of regular educational in-service programmes.

MADALENE BAKER

Chairman

General Nursing Section

## BEWARE OF FRAUDULENT AGENTS!

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# The General Staff Nurse

HESTER J. LUSTED

The general staff nurse has been a subject of great interest to the entire profession, and today her problems should be of the utmost importance to all thinking members of our Association. There has been considerable confusion as to what we mean by general staff nurse or general duty nurse, as she is sometimes called. General nursing service usually means that in addition to bedside care, the nurse performs tasks not assigned to students as part of their new experience or daily practice. She must be prepared to relieve the head nurse in her hours off duty and to do any of the thousand and one things essential to the smooth functioning of the hospital. According to the definition approved by the American Nurses Association, the general staff nurse is one who is engaged in the actual bedside care of patients in hospital.

The problem as regards the general staff nurse presents more than one aspect. The first consideration should be to give the graduate nurse an appreciation of the satisfactions and opportunities offered by this field of work; the second should be to encourage the administrative staffs of hospitals to make more effective use of her abilities; and the third should be the improvement of working conditions. Out of the consideration of these factors will emerge a clearer definition of her status within the profession.

A high quality of bedside nursing care is demanded of the graduate staff nurse. If she finds her greatest satisfaction in giving this fundamental service, the hospital offers the opportunity of practising this art. The constant succession of different patients gives variety to her work. If her interests lie in one

particular department, graduate experience will increase both her knowledge and her skill and prove a basis for later specialization. She develops a sense of responsibility, a mature judgment, and a self-confidence which cannot be expected of the student nurse, no matter how careful her training. Increased responsibility and a wider experience may point up undiscovered ability in teaching or administration. Indeed, the potential head nurse should be discovered in the general staff group. General staff nursing is an invaluable experience and forms a sound basis for work in any field of nursing.

There is a great need for the general staff nurse. We know how essential her services are to the hospital employing an all-graduate staff, but do we realize how important a position she fills in the hospital connected with a school of nursing? The highest standards of student education cannot be maintained and the best possible care given to patients if your hospitals are again to become entirely dependent on the student body for nursing service.

The contacts with students are an important part of general staff nursing in a hospital with a school. For much too long, the graduate nurse in the hospital has occupied an anomalous position. She is no longer in the same category as the student, and is not yet considered an integral part of the staff. Her influence over the students is much greater than is commonly realized, and she should be an example and an encouragement to every student with whom she comes in contact. Working with the students in caring for patients, she has opportunities for informal teaching which do not pre-

sent themselves to the instructor or the ward supervisor. Should not the teaching department recognize this fact and ensure that such teaching will be of positive value to the students? The general staff nurse cannot be expected to recognize her responsibility in such situations unless she is encouraged to feel that she has an important contribution to make to the school of nursing and to its students.

From the point of view of the nurse herself, one of the great disadvantages in general staff work is the lack of recognition accorded this position by others in the nursing profession. This feeling of inferior status is most acute in the group who are employed as general staff nurses by their own hospital immediately after graduation. There is a marked feeling on their part that, although they are registered nurses and have much more personal freedom and responsibility than the students, their status in regard to the hospital authorities is not sharply differentiated from that of the senior students. This attitude is in some measure due to the fact that, although they have attained professional standing and are no longer members of the student body, their occupational environment has changed little if at all. However, this dissatisfaction is found also among general staff nurses working in hospitals other than the one in which they trained, and even in hospitals where an all-graduate staff is employed. The importance of this factor has been appreciated by the Canadian Nurses Association, and a step towards recognition of general staff nursing as a valuable branch of the profession was taken when provision was made for the participation of this group in the General Nursing Section.

Another major problem is that of maintaining the nurse's interest and enthusiasm in her work. The feeling that she is losing many new experiences is

too often due to the common practice of assigning her to any particularly busy department without regard for her special interests and abilities. If she performs her duties in a fairly satisfactory manner, she remains in that position for an indefinite period. She is not encouraged to take any more responsibility than a student and, unlike the student, she is not receiving the stimulus of classes and lectures. Staff conferences and staff education programmes are seldom planned for her benefit. Unless she is very alert and ambitious, or the department is a specially in which she is particularly interested, her enthusiasm for her work slackens and the quality of her nursing service tends to deteriorate proportionately.

A well planned staff education programme could do much to offset this tendency. In other fields of nursing, staff conferences and discussions have proven very successful not only as a means of maintaining standards of nursing service and of ensuring that the staff share new experiences and ideas but also as an important factor in the self-development of the individual nurse. The general staff nurse should be encouraged to plan for her future and every possible means used to help her to advance in her chosen field.

Every professional worker is entitled to an adequate financial return for her services, which should be sufficient to maintain a decent standard of living with a margin for future security. All too often, a very unsatisfactory salary scale has been imposed on the general staff nurse. The permanence of her employment is in direct relation to changes in the patient census of the hospital. In cases where she does remain for long periods of time, no definite provision is made for periodic salary increases, or vacations. Such conditions could not exist were it not for the informal way in



which the general staff nurse is usually hired and fired. Hospital authorities are being forced by present conditions to recognize the necessity of revising their policies regarding the employment of graduate staff. Staff nurses are entitled to the security afforded by a contract similar to that used in many business organizations, with a schedule of salary increases determined by length of service and ability.

Closely related to the question of salaries is that of living accommodation. It has been customary to provide quarters for the graduate staff in the nurses' residence. However, not all hospitals follow this plan, and even in those that do, the general staff nurses are sometimes given a living allowance and asked to find rooms elsewhere for a time in order to make provision for an increased number of students. Hospital authorities should not expect their nursing staff to welcome such arbitrary arrangements, especially if the changes are to be temporary.

Generally speaking, nurses feel that the restrictions of residence life do not permit as normal a social life as other professional women enjoy, and that because they work in an institution they need the wider contacts which are supplied by living away from the hospitals. Others find that residence life has definite advantages; for example, travel-time saved, less changing of uniforms, quieter sleeping quarters while on night duty, and many other conveniences which are suited to the nurse's daily life. In addition, they have the companionship of their fellow-workers. If possible, the general staff nurse should be given freedom of choice as to living arrangements. But whichever form of accommodation the hospital is able to offer, its object should be to provide her with comfortable and convenient rooms which will help to make her leisure time more

enjoyable.

The eight-hour day is not yet established in many hospitals. This is undoubtedly a difficult question to discuss when a threatened shortage of nurses faces us, yet there is no sound reason for expecting the graduate nurse in hospital to work longer hours in the name of duty than those in fields outside the hospital. The general staff nurse has been persuaded that the ideal of service to the patients, the doctors, and the hospital is of more importance than her rights as a human being and a citizen of a democratic country. Perhaps this is so, but are these two factors incompatible? Is the general staff nurse who carries too heavy a nursing load and works nine, ten, and eleven hours a day giving the best possible service of which she is capable?

The general staff nurse has no wish to be an opportunist by clamouring for improvements in her hours of duty when the problem of securing qualified hospital staff is so acute. She is ready to make any sacrifice which may be demanded of her in these difficult times. But much could be done to minimize the disadvantages of long and irregular hours. It is a common complaint that she has no opportunity to plan for her leisure time because her schedule of working hours is indefinite. Directors and supervisors are obliged to plan ahead for students' off-duty time and it should not be too much to expect of them to give the same consideration to graduates. The graduate nurse knows all too well how unpredictable the day's work may be, but she accepts last minute changes readily when she feels that her co-operation is important in maintaining the efficiency of the hospital nursing service. Vacation time should also be planned. Nursing requires a great expenditure of both mental and physical energy, and to off-set this, provision

should be made for vacation with pay. The length of holiday given could be adjusted to correspond to the length of service.

The health service programme is important if the general staff nurse is to feel that her well-being is of interest to the hospital. It is therefore essential that hospitals consider not only the provision of care during illness, but also the prevention of disease and the maintenance of the optimum health of their staff. This should include the periodic health examination with education in the maintenance of good health, as well as definite agreement regarding hospitalization, medical and nursing care, and compensation for a limited period of time lost through illness.

General staff nursing in hospital is a branch of the profession which could have great appeal. The new graduate, enthusiastic, ambitious, but untried, finds

here an ideal field in which to enlarge her experience. It is in this setting that the newest discoveries of medical science are given their practical application, and the nurse keeps in touch with developments in her chosen field. If such new experience is supplemented by a vital staff education programme the result is an increasingly well-informed and capable professional woman.

It is in the interest of nursing as a whole that well directed efforts of the profession should be used to secure for the general staff nurse satisfactory living and working conditions, and the status to which she is entitled as member of a recognized professional group. We must also accord her the prestige commensurate with the responsibility assigned to her as a member of the nursing staff, and more general appreciation of the part that she can play in providing a higher standard of nursing service.

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## Health Insurance and Nursing Service

Following my acceptance of the con-  
vener'ship of the Special Committee on  
Health Insurance and Nursing Service  
for the 1940-1942 biennium the fol-  
lowing committee was formed: Miss  
Jean Church, Miss Edna Moore, Miss  
Maude Hall, Miss Frances Munroe, and  
Miss Maria Roy. Then, acting on the  
suggestion contained in the report of  
the Convener for the previous biennium  
that provincial committees be formed to  
be on the alert for new developments  
along the lines of Health Insurance, the  
Executives of the Provincial Nursing  
Associations were asked to name repre-  
sentatives who would be asked to form a  
committee. The following were named:  
Alberta, Miss Helen McArthur; British

Columbia, Miss Esther Paulson; Mani-  
toba, Miss E. A. Russell; Ontario, Miss  
Edna Moore; New Brunswick, Miss  
Maude Retallick; Nova Scotia, Miss  
Lenta Hall; Prince Edward Island,  
Miss Anna Mair; Quebec, Miss F.  
Munroe and Miss Maria Roy; Saskat-  
chewan, Miss Jean Whiteford.

Reports received from these provin-  
cial representatives do not indicate that  
there have been any important develop-  
ments along the lines of Health Insu-  
rance since the last biennium. However,  
co-operative plans have been organized  
by employees in industries, these to pro-  
vide for medical care and hospitaliza-  
tion in some cases and in others for  
medical care only. The Associated Med-



ical Services of Ontario includes nursing service as such.

Alberta reports that in some places physicians offer all ordinary medical services on a yearly contract basis; British Columbia, that daily newspapers have outlined plans for health services one of which includes nursing in home and hospital; Ontario, that the Ontario Hospital Association has requested a charter to initiate a hospitalization plan but that no medical or special nursing service will be provided; and Saskatchewan reports that the following resolution was passed by the College of Physicians and Surgeons in that province:

Resolved that the College of Physicians and Surgeons of Saskatchewan go on record and instruct our councils to so inform the Government of the Province that we are in favour of state aided Health Insurance on a reasonable fee for service-rendered basis, provided that the administration of agreement is put in the hands of a non-political independent commission on which the medical profession is adequately represented by its own representatives elected and responsible to the College of Physicians and Surgeons in Saskatchewan.

Last September, when your convener heard that a Health Insurance Bill was being prepared by the Department of Pensions and National Health at Ottawa, she called on the Deputy Minister, Dr. R. E. Wodehouse, who advised her that three different types of Health Insurance Acts, all containing provisions for nursing service, were being drawn up for the Minister for presentation to his colleagues at the opportune time. The Executive Secretary of the C.N.A. was immediately notified. A couple of months later your convener was invited to accompany members of the C.N.A. Executive who had come to Ottawa on other business and were being received by the Deputy Minister of Pensions and

National Health to discuss nursing service under Health Insurance. At this meeting Dr. J. J. Heagerty, Director, Public Health Service, Department of Pensions and National Health, outlined the Health Insurance Bill which he was drawing up and stated that it would cover medical, dental, hospital and nursing service, drugs, and possibly public health, and requested that the Canadian Nurses Association submit to the Government a Brief on Nursing Service under Health Insurance. Your convener was later asked by the Executive Secretary if the core committee would undertake the preparation of this brief; this responsibility was accepted.

As a result of this request, a preliminary meeting was held to draw up an outline covering the points to be included in the Brief; this was followed a little later by a general meeting at which all the members, with the exception of Miss Maude Hall, were present. Because of the feeling of those present that not enough was known regarding the Health Insurance Bill, Dr. Heagerty was consulted and he invited the committee to meet with him before going on with its deliberations. At the close of the meeting which followed the visit with Dr. Heagerty it was agreed that the contribution of each member should cover the needs of her particular field of nursing. A total of four meetings were held before the end of the year — one general and three local — and a good deal of correspondence exchanged, after which suggestions for the brief were drawn up and sent to the President and Executive Secretary. It was the understanding of the committee that these suggestions would be used as a basis for the Brief with revisions or changes according to the judgment of the Executive Committee which met in Vancouver on January 20. In February your committee was advised

by the Executive Secretary that copies of these suggestions for the brief had been sent to all members of the C.N.A. Executive with the request that these be returned with expressions of opinion before March 1; the only member to comply with this request was the first vice-president, Miss Elizabeth Smellie. Eight more meetings were held — Miss Smellie honoured us by being present at two and Miss Marion Lindeburgh, second vice-president, at one, and as a result of these meetings and considerable further correspondence the Brief, as attached, was drawn up.

During the intervals of these meetings Dr. Heagerty, who had stated he would be glad to give any further information required, was consulted a couple of times. On one of these occasions he intimated there was a possibility that the Unemployment Insurance Branch of the Department of Labour was also drawing up a Health Insurance Bill, but when Miss Maude Hall and your convener called on Mr. Allan Peebles, head of this Department, they were informed that no such action was being taken but that the Department, of Pensions and National Health was preparing a Bill. On another occasion, Dr. Heagerty mentioned that an advisory committee on Health Insurance made up of laymen who were experts on matters which would be helpful in the set-up of a Health Insurance plan, had been established by Order-in-Council and that the Director of Public Health Service was the official chairman.

Dr. Heagerty advised that he had received a visit from Mother Allaire of the d'Youville Institute, Montreal, and Sister St. Godfrey, School of Nursing, University of Ottawa, regarding the possible effect of Health Insurance on nurse training schools, and suggested that one of these ladies might be appointed to the Special Committee on Health

Insurance and Nursing Service. After discussing this with the Executive Secretary, the work of the Special Committee was explained to both Mother Allaire and Sister St. Godfrey and it was suggested that the question they had under consideration would seem to be one with which the hospital group should deal.

On the advice of the Executive Secretary, arrangements were made with Dr. Heagerty, chairman of the advisory committee on Health Insurance and Nursing Service, to receive a delegation for the presentation of the Brief; these arrangements included sending him an advance copy for his own perusal and twelve other copies for the members of his Advisory Committee. Then, on June 16 at the appointed time, Miss Smellie, Miss Lindeburgh, Miss Church, Miss Hall and your convener were received by Dr. Heagerty and his Advisory Committee. Miss Lindeburgh made the presentation and read the Brief through completely; then, at Dr. Heagerty's request, she read it paragraph by paragraph so that it might be analyzed and discussed. All those present showed keen interest and some changes and additions were suggested; then Dr. Heagerty asked that the notes taken by the stenographer who accompanied us be studied and a supplement to the Brief submitted at a later date. In closing, Dr. Heagerty stated that, according to a Gallup Poll and to the returns made on questionnaires which had been sent to different organizations, there was a strong feeling throughout the country in favour of Health Insurance.

As an outcome of its deliberations on the question of nursing service under Health Insurance your committee feels very strongly there is urgent need for the Canadian Nurses Association to take immediate action to consider the standards of qualifications for subsidiary nurs-



ing groups, and ways and means for their preparation, licensing and control. (See Addendum attached to Brief).

In closing, may I suggest it seems urgent that a Special Committee on Health Insurance and Nursing Service continue to function during the next biennium and that active sub-committees be formed in each province. In addition I would like to thank the members of the committee on Health Insurance and Nursing Service for their splendid help and co-operation, as well as Miss Elizabeth Smellie, Miss Marion Lindeburgh and Miss Jean Wilson who have been most encouraging at all times.

ALICE AHERN

*Convener, Special Committee  
on Health Insurance and Nursing Service*

In the report submitted by Miss Alice Ahern, convener of the Special Committee on Health Insurance and Nursing Service, reference is made to the Brief submitted to the Director of Public Health Services on behalf of the Canadian Nurses Association. The text of this Brief follows:

*Health Insurance Councils:*

1. It is recommended that all administrative boards, engaging or directing nurses under the Health Insurance Act, be organized in such a way as to insure that the standard of nursing service and the policies governing conditions of employment and service of nurses be approved annually by the Canadian Nurses Association.

2. It is recommended that all nurses working under the Health Insurance plan be registered in the province in which they work and be members of the Canadian Nurses Association (important because of provinces where membership in Association is voluntary).

3. It is recommended that the nurse representatives on the Dominion Council be

named by the Canadian Nurses Association; that the nurse representatives on the Provincial Councils be named by the Provincial Associations of Registered Nurses, and that in the Province of Quebec both language groups should be represented. It is further recommended that, to effectually coordinate the work, nurse representatives on these councils and on regional advisory committees should be representatives of the different fields of nursing; and that the nurse-directors (federal, provincial and regional) shall attend meetings of the councils or committees when any matter pertaining to the nursing service is discussed.

*Nurse-Directors:*

1. It is recommended that, as supervision of all nursing service is essential to insure complete and first quality service, nurses appointed to positions in charge of all offices, and their assistants, be carefully selected as to their qualifications, experience, personality and ability to direct nurses and nursing service, and to plan and carry on professional education.

2. It is recommended that a highly qualified registered nurse, according to standards to be set by the Canadian Nurses Association, be appointed as Federal Director of nursing service under the Health Insurance Act and that a representative of the Canadian Nurses Association be permitted to sit in at the meeting of the body making appointments, to insure that the appointee meets required standards of qualifications.

3. It is recommended that a highly qualified Registered Nurse, according to the standards to be set by the Provincial Registered Nurses Association and approved by the Canadian Nurses Association, be appointed in each Province as Provincial Director; that in the Province of Quebec, the Provincial Nurse-Director be a French bilingual nurse, and further, that a representative of the Provincial Nurses Association be permitted to sit in at the meeting of the body making appointments to insure that appointees meet required standards of qualifications.

4. It is recommended that one of the duties of the Provincial Nurse-Director be to see

that properly qualified local registered nurse-directors be appointed to each Health Insurance regional set-up. It is further recommended that, in places where the population is predominantly French-speaking, the local nurse-director be a bilingual French nurse with the qualifications as outlined above, and the remaining administrative nursing personnel, as well as the nursing staff, be French-speaking, English-speaking or bilingual, according to the population.

5. It is recommended that the local nurse-director, after consultation with the provincial nurse-director, select the local nursing staff, be responsible for the nursing administration of the regional office, supervision of nursing service, and co-operation with other agencies.

#### *Set-up of Regional Office:*

1. It is recommended that a nursing service be set up in the regional office with adequate professional and clerical staff to provide twenty-four hour service.

2. It is recommended that in meeting the nursing needs of the community (i.e. public health nursing, including visiting nursing and private duty nursing in home and hospital) existing nursing agencies and other nursing resources be utilized.

3. It is recommended that a comprehensive system of personnel records for all registrants be maintained in the regional office, in order that the nurse-director of the regional office may have complete knowledge of their qualifications including special training, general ability, experience, personality, etc; this is to insure that, where service is provided from the regional office, only those most suitable will be assigned to cases where any particular requirements must be filled.

4. It is recommended that uniform nursing records be used which will provide all the statistical data required by the Federal and Provincial Health Insurance Administrative Boards and that these records be as simple as possible.

5. It is recommended that adequate supervision be provided for all nursing services.

6. It is recommended that all problems or complaints regarding registered nurses, sub-

mitted by doctors, hospitals, nurses or patients be made in writing to the local nurse-director of the regional office, these to be dealt with by her or in conjunction with the nurse representatives on the advisory committee and when necessary referred to the provincial nurse-director.

#### *Salaries and Hours of Duty:*

1. It is recommended that all registered nurses directly employed under Health Insurance be on a salary basis and that this be graded according to qualifications, experience, aptitude and nature of duties and responsibilities and that when the Health Insurance Bill has passed and is being implemented the Canadian Nurses Association have the privilege of recommending a scale of salaries based on the salaries then being paid in each Province, and that there be provision for statutory increases and for study and revision of the salary scale at least every five years.

2. It is recommended that superannuation and pension be provided for all nurses employed on a salary basis under the Health Insurance Act. It is further recommended that, where service is purchased from existing organizations, arrangements be made whereby their nurses may participate in superannuation and pension.

3. It is recommended that the hours of duty be not more than an average of eight per day and forty-four per week; that there be provision for three weeks vacation and for statutory sick-leave; that the arrangement for the 24-hour service and the seven-day week be a question of administration; that in places where nurses work alone under remote direction from a regional office, the regional nurse-director be responsible for seeing that relief is available locally to provide for off-duty time.

#### *Rural Areas:*

1. It is recommended that, in rural areas where there are County Health Units or municipal health organizations with public health nursing services, these might become the foundations of regional offices and be adapted to the standards and needs according to the Health Insurance Act and the



qualifications as laid down in the preceding paragraphs of this brief: it is further recommended that in areas distant from any regional office and where no nursing organization is in existence, nursing service under the Health Insurance Act be established.

*Relationship with Other Agencies:*

1. It is recommended that the present existing co-ordination and cooperation between nursing and other agencies — social, welfare, health, etc., should be strengthened and increased.

It is recommended that when the Governments, Federal and Provincial, start organizing the Health Insurance set-up, nurses who have had broad ex-

perience in the organization and administration of nursing services be called in to implement all these recommendations; the choice of these nurses to be approved by the Canadian Nurses Association and the Provincial Nurses Associations.

In setting up the proposals for nursing under a Health Insurance scheme, the Special Committee on Health Insurance and Nursing Service feels there is an urgent need for the Canadian Nurses Association to take immediate action to consider the standards of qualifications for subsidiary groups, and ways and means for their preparation, licensing and control.

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## REPORT OF THE NATIONAL JOINT COMMITTEE ON THE ENROLMENT OF NURSES FOR WAR AND EMERGENCY SERVICE

The members of the Committee for the biennial period July 1940 to July 1942 were Miss Florence Emory (Chairman), Miss Marion Lindeburgh, Miss Isabel McEwen, all of whom were appointed by the Canadian Nurses Association; Mrs. H. P. Plumptre, Dr. J. T. Phair, and Miss Jean Browne (Secretary), all three representing the Canadian Red Cross Society. At the first meeting of the present Committee held in October 1940, policies were discussed and the following resolution adopted: "that the Committee deal with any matter during the war period and subsequently, of mutual concern to the Canadian Nurses Association and the Canadian Red Cross Society".

The chief objectives of the Committee during the past year were the strengthening of Provincial Joint Enrolment Committees and trying to pro-

mote greater contact between these Committees and the district medical officers, so that when nurses were being selected for military service, they should be chosen from the enrolled lists. Following a meeting of the National Joint Enrolment Committee held in February 1941, the chairman and secretary had a conference with Miss Smellie, Matron-in-Chief, R.C.A.M.C. At this conference the Matron-in-Chief stated that in current practice nurses are chosen for military service from the following sources: (1) the reserve lists; (2) the permanent force; (3) the national enrolment lists; (4) choices made by the district commanding officer; (5) personal application.

With a view to making more effective the use of lists compiled by the National Joint Enrolment Committee, the following suggestions were made:

That a list of secretaries and personnel of the Provincial Joint Enrolment Committees should be sent to the Matron-in-Chief, R.C.-A.M.C.

That the Matron-in-Chief should notify Provincial Joint Enrolment Committees of changes in command of military districts in the various provinces.

That the Committee should communicate with Group Captain Ryan, R.C.A.F. with the request that he make the lists available to his P.M.O.'s so that when nurses are chosen for the R.C.A.F., they may be chosen from these lists.

That in future there should be considered to be three categories instead of the five, as outlined by the Matron-in-Chief, that is, (1) appointments from the reserve lists; (2) appointments to the permanent force; (3) appointments by the D.M.O. of applicants whose names appear on the enrolled list.

The Manitoba Committee reports that when Colonel P. S. Bell, O.C.-M.D. 10, was selecting nurses for the army in South Africa, every nurse was chosen from the Joint Enrolment list. This represents a very marked advance and is due to the activity of a re-organized provincial Joint Enrolment Committee. The situation in Nova Scotia is not so encouraging. The secretary writes: "Last spring, representatives from our Committee interviewed the military and air force authorities with regard to the use of our list when calling nurses for service, but the Commanding Officer of each service stated that he preferred choosing the nurses from applications they had on hand, rather than making use of the enrolled list."

In 1940 when the Medical Department of the R.C.A.F. was organized, our list was sent to Group Captain Ryan, and, so far as we know, the nurses for his Department are selected from this list.

Late in 1941, it was announced there was to be a separate mobilization of nurs-

ing service for the Navy. A letter was written to the Naval Secretary, offering to supply him with the enrolled list of Canadian nurses. The offer was accepted, and he sent the names of eighteen nurses who had already received appointments, to the secretary of the Committee, in order to ascertain whether or not they were enrolled.

In the summer of 1941, the Canadian Red Cross Society asked the Canadian Nurses Association to appoint a selection committee to recommend the names of twenty-two nurses for the Scottish Orthopaedic Unit. The Canadian Nurses Association appointed as their selections committee the nurses on the National Joint Enrolment Committee. The selections committee first drew up an enrolment form and word of this new project was sent out to the various provinces. In spite of the rate of remuneration (about half of the rate paid in Canada), sufficient applications came in from the various provinces, and the selections committee felt that they were able to present to the Unit a very fine group of young professional women. The nurse-in-charge, Miss Alice B. Hunter, is particularly outstanding both professionally and personally.

Since the outbreak of war, 884 nurses have been called up for military service, 440 serving in Canada and 444 serving overseas. The total number enrolled on December 30, 1941, was 3,183.

At the last meeting of the Committee, held on April 11 1942, it was decided to revise the regulations and to use copies of the revised edition for as wide publicity as possible with medical military authorities, both national and provincial.

JEAN E. BROWNE

*Secretary*

*National Joint Committee*

*Enrolment of Nurses for War and  
Emergency Service.*



## REPORT OF THE NATIONAL VOLUNTARY WAR SERVICES ADVISORY COMMITTEE

This Committee is the outgrowth of a committee appointed at the biennial meeting of the Canadian Nurses Association in 1940. At that time the following resolution was passed:

Whereas difficulties have arisen as a result of some of the voluntary work being done by the members of the C.N.A. for the various wartime organizations, be it resolved that a small committee be formed to which (a) such matters be referred with a view to uniformity of action; (b) to report to the Executive Committee any matters coming to the attention of the committee which might facilitate the war effort of the Canadian Nurses Association.

Miss Eileen Flanagan was appointed convener of the committee, which was called the committee on War Work and Effort. During the first year, questions brought to the attention of the committee were (1) co-operation with the Red Cross regarding V.A.D. training; (2) co-operation with the Red Cross and St. John Ambulance in teaching home nursing; (3) the training of Voluntary Nursing Aides. In June 1941, Miss Flanagan in reporting to the Executive Committee asked for a clarification of the functions of the committee and, due to her appointment as C.N.A. adviser to the National Committee of the Canadian Red Cross Corps, resigned as convener. Miss Jean Church was then appointed convener with the following clarification of duties of the committee:

The Executive was in agreement that this committee is to work in conjunction with the various national voluntary organizations in order that the voluntary war efforts of the Canadian Nurses Association and those national voluntary organizations would be

most effectively co-ordinated and carried out. Such national voluntary organizations would include the Canadian Red Cross Society; the St. John Ambulance Association; the I.O.D.E. and any others recognized by the Federal War Services Department.

Unfortunately Miss Church was unable to continue as convener of the committee and resigned in November 1941. The present convener was then appointed. Since that time, at the request of the Executive of the Canadian Nurses Association, a meeting was held on March 23 of this committee with representatives from the Canadian Red Cross Society, the Canadian Hospital Council and the St. John Ambulance Association. The purpose of this meeting was to consider (1) hospital training for voluntary nursing aides in view of the apparent need for a shorter period than that approved in July, 1941; (2) a uniform terminology for volunteer nursing aides. As a result of this joint meeting it was agreed that:

The proposal for a shorter term of hospital experience for members of the nursing auxiliary section of the Red Cross Corps and the Nursing Division of the St. John Ambulance Brigade was accepted—eighty hours being the minimum. The syllabus committee, who had drawn up the original syllabus for the training of V.A.D.'s, was asked to adjust the syllabus to suit the shorter hospital term.

V.A.D.'s are to be classified as follows: Class A—those who have had 240 hours or more hospital training. Class B—those who have had 80 hours but under 240 hours. Class C—those who have had no hospital training.

It was also agreed that where possible the V.A.D. who completes the shorter term of experience return to the hospital later

for further experience as in the American Red Cross plan.

It was agreed that the basic preparation of those who enrol for the shorter course be the same as that already adopted for the longer course, namely first aid and home nursing.

It was agreed that the arrangement of refresher courses for graduate nurses and enrollment of them should be left to the Canadian Nurses Association.

Your Committee feels that by having this meeting with other national voluntary war organizations considerable headway was made towards facilitating co-operation and understanding between

them and us. In view of the fact that the use of volunteers is now only in the process of development this committee recommends that organizations enrolling lay persons for voluntary work be informed of the need for such assistance on Saturdays and Sundays as well as other days, and also of the necessity for volunteers coming regularly and on time.

F. MUNROE

*Convener*

*National Voluntary War Services  
Advisory Committee*

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## REPORT OF THE COMMITTEE ON SYLLABUS FOR TRAINING VOLUNTARY AID DETACHMENTS

The Committee on Syllabus for Training Voluntary Aid Detachments was appointed at a meeting of the Executive of the Canadian Nurses Association in June 1941, following a special meeting of representatives of the Canadian Hospital Council and the Canadian Nurses Association to consider the question of civilian hospitals undertaking the training of voluntary workers in preparation for emergency. The function of the Committee was to revise, especially from the standpoint of legal responsibility of the Hospital, a syllabus previously prepared by a sub-committee of a Joint Committee of the Canadian Red Cross Society and the St. John Ambulance Association with representation from the Canadian Hospital Council and the Canadian Nurses Association. This sub-committee had been convened by Miss Smellie and the syllabus prepared was intended for use in military hospitals.

A meeting of the Syllabus Committee was held in Montreal on June 23, 1941. Changes made in the original syllabus were those considered necessary to adapt it for use in civilian hospitals and to give protection to

both patients and hospitals. At a meeting in Vancouver on July 1, 1941, the Executive Committee of the Canadian Nurses Association accepted the report of the Committee but made several additions thereto.

It soon became apparent that voluntary workers prepared to spend the required time (two months of not less than four hours daily) for experience in hospitals were very limited in number. A joint meeting of representatives of the St. John Ambulance Association, Canadian Red Cross Society, Canadian Hospital Council, and the C.N.A. National Voluntary War Services Advisory Committee was held in Montreal on March 23, 1942. At this meeting the advisability of accepting voluntary workers for a shorter period (80 hours or over) of hospital training was considered and approved. The Syllabus Committee was requested to prepare a new syllabus for this shorter period of experience and the members present agreed, on behalf of the organization which each represented, to accept in advance the work of the committee.

A second meeting of the Syllabus Com-



mittee was held in Montreal on April 18, 1942. Members present were Miss M. Batson and Miss Frances Upton. Present by invitation were Miss Mabel Holt, Miss Maisie Miller, Miss Norena Mackenzie, Miss Eileen Flanagan and Miss Fanny Munroe. Miss Munroe acted as chairman in the absence of the convener. An outline was prepared which was considered adequate for a short period of hospital experience for members of the Nursing Auxiliary Section of the Red Cross Corps and the Nursing Division of the St. John Ambulance Association. Copies were

forwarded to the organizations concerned through the National Office of the C.N.A.

A copy of each syllabus as prepared, amended and approved is herewith attached. I wish to express sincere thanks to members of this committee for their help and co-operation always so cheerfully given in spite of many other demands on time and effort.

M. BLANCHE ANDERSON

*Convener*

*Committee on Syllabus for Training  
Voluntary Aid Detachments*

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## Ward Aides and Helpers

EVELYN MALLORY

Last autumn a conference was called because of the shortage of specially qualified nursing personnel, — instructors, supervisors, administrators — and discussion was directed toward making the best possible use of available resources. Now, nearly a year later, the situation is much more acute and there is a definite and widespread shortage of nurses for bedside care. More than ever, therefore, is it necessary that we utilize to the utmost our available nursing resources. Miss Munroe expressed the situation most concisely when she stated that the means by which hospitals would have to solve their problems are: "Increase student enrolment; eliminate non-nursing duties; educate doctors to modify their demands for non-essentials; simplify nursing procedures; educate patients to reduce their demands for non-essential nursing care."

The elimination of non-nursing duties from the work of the nurse means that they must be assigned to other personnel, namely to V.A.D.'s or to subsidiary

workers. Some confusion does exist in regard to the distinction between V.A.D.'s and subsidiary workers and it would be wise to clarify the meaning of the term "subsidiary worker". This term is used to include all persons, other than fully qualified graduate nurses, who are employed in the care of the sick. Quite a variety of names are applied to these workers, such as ward helpers, orderlies, ward maids, attendants, ward aides nursing aides, etc. A similar worker in the community is known as the "practical nurse" or, in some areas, (very incorrectly) as the "undergraduate nurse".

In hospitals, subsidiary workers are assigned to the nursing department to perform certain routine duties. These duties are usually largely of a house-keeping nature but may (depending on the particular hospital) include some minor routine procedures concerned with the personal care of patients. Such workers are under the direct supervision of the nursing staff in contradistinc-

tion to cleaning and kitchen maids who are supervised by the housekeeping staff.

What is the need for these workers? In view of our present shortage there is no question of the need. The war has, in this instance, as in others, served to hasten a development long overdue. Are they difficult to obtain? In certain areas, yes — in others apparently not — or no effort has as yet been made to obtain them. In 51 questionnaires returned from hospitals in British Columbia with a bed capacity ranging from 9 to over 1000 beds, only eight hospitals reported difficulty in obtaining ward helpers. Most of these, though not all, were in urban communities where war industries were competing for the services of girls and women. Twenty-one hospitals reported having no ward helpers at all, yet eleven of these reported difficulty in obtaining general staff nurses. What kind of person is most suitable for this work and how should she be trained? Several directors have suggested that older women are more satisfactory as being more stable and better able to carry responsibility. Possibly this depends to some extent on the type of hospital.

Objection has been raised in some quarters to the introduction of another class of subsidiary worker into the hospital and the statement has been made that they should all be called "maids". Much depends on the type of person available for the work. If ward helpers are to come in contact with patients you may want a different class of person to those found on the housekeeping staff. If you wish to attract a better class there must be some inducement in the way of better salary, or status or both. Much of course depends on the duties they are to perform.

The suggestion has been made that young girls interested in nursing, but

not old enough to enter a school of nursing, might be employed in some such capacity until ready to begin a nursing course. They would thus maintain their interest and have an opportunity to really learn what nursing involves before entering a school of nursing and, at the same time, supervisors would be able to judge their suitability for nursing. It is a thought worth considering as one means of bridging the gap between the school-leaving age and that of entering nursing school.

Regardless of age or other qualifications, these workers should all receive the same protection regarding their own health as do student nurses. Furthermore, they should be made to feel the importance of their contribution to the work of the hospital. A little genuine interest in them as individuals and as a group is very important in maintaining their loyalty and support. It would seem that within certain limits each institution would have to make its own decision as to what duties could be assigned to this class of worker, but these limits should be definitely set by the nursing profession.

In general, subsidiary workers should receive in the hospital by which they are employed such instruction as is necessary for the satisfactory performance of the duties assigned, and such supervision as will insure their efficient and safe performance. The aim should be to select and train a permanent staff of workers who will become more efficient with practice, rather than the giving of organized short courses to new groups at stated intervals. If the latter procedure were to be followed, the frequent turnover of personnel with the influx of new material to be trained would be very disrupting from the standpoint of service. Furthermore, to train groups of such workers and then release them to find their own employment



would undoubtedly increase the number of 'practical nurses' in the community. However, there is the problem of help for the small hospital where the assistance of the subsidiary worker is often badly needed. At least one small hospital has suggested that the larger centres should train workers for the smaller.

The ultimate objective of the nursing profession is to make provision for safe and expert nursing care for all who need it, either in hospitals or in their own homes. The economic factor is unfortunately a very powerful one, and under our present social system nursing service is often a luxury which the individual in the home cannot afford. Therefore, the "practical" nurse is found in the community — how extensively

we do not know, how safe the type of care she gives again we do not know.

Is there a need for such a worker in the community? If so, have we a responsibility to help in her preparation and in the supervision of her work? How could such supervision best be accomplished? Should we not be working toward the licensing of all who nurse for hire? I think the fact of a growing tendency to include such workers on Registries and Nursing Service Bureaux is an indication that we are working toward these things — but should we not be devoting a little more conscious attention to this problem? The need is being recognized by lay members of the community. If we don't do something about it rather soon, lay members of the community may!

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## REPORT OF THE EXCHANGE OF NURSES COMMITTEE

From the General Meeting 1940, the Exchange of Nurses Committee received the following recommendation: "That for the duration of the war the objective of the Exchange of Nurses Committee be the encouragement of interprovincial exchange." To initiate the objective of interprovincial exchange, the Committee decided to learn first the willingness of hospitals and public health agencies to endorse and participate in exchange between provinces and the possibility of short periods of exchange within provinces between public health and institutional nurses, with due consideration to avoiding disruption of nursing services. A well-prepared questionnaire with a detailed explanatory letter was then submitted to the provincial representative members of the Committee with the request that, if able to endorse the proposed circulation of the questionnaire, each representative was to submit a list of hospitals and public health agencies

in her province to which the questionnaire should be sent.

Upon receiving unanimous approval of the questionnaire and letter from the provincial representatives, distribution was made to 80 general and 15 special hospitals and to 15 public health agencies. While 18 hospitals (12%) and one public health agency endorsed the principle of exchange without being able to participate, the majority expressed the opinion that the time was not opportune for development of such plans. Due to lack of more satisfactory response by hospitals and public health agencies, it was decided that the Committee could not make any definite proposals for an interprovincial exchange plan to the Executive Committee.

Following a meeting of the Executive Committee in January, the members of the Exchange Committee resident in Montreal were invited to become a selections committee for the recruiting of volunteers for

the British Civil Nursing Reserve. The request for recruiting of nurses was received by the Association from the office of the High Commissioner for The United Kingdom. Upon being assured of the Association's cooperation, the secretary to the High Commissioner expressed the wish that the Canadian Nurses Association assume responsibility for examining and accepting recruits, and for sending them to the United Kingdom, with the assistance of the appropriate Canadian authorities. An application form and a statement of regulations for the information of applicants were prepared and sent for approval to the Principal Matron for the Ministry of Health, England and Wales. Arrangements were made with the Thos. Cook & Son Travel Agency for the latter to attend to all details connected with transportation; this included securing Grade A rating from the Priority Board for trans-

atlantic sailings for small units of nurses for Service with the British Civil Nursing Reserve.

The number of nurses who have asked for information concerning the British Civil Nursing Reserve is 37; of these 16 received application forms, seven of which were completed and returned, one later withdrew. Over half the applicants were young married nurses whose husbands are on active service in England. Decision as to these nurses being eligible has been referred to the Principal Matron of the Ministry of Health. Also the Committee awaits definite word concerning transportation from the same officer before accepting any applications now on file.

MABEL K. HOLT

*Convener*

*Exchange of Nurses Committee.*

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## REPORT OF THE COMMITTEE ON HISTORY OF NURSING IN CANADA

It is my privilege to submit to you the report of the Committee on History of Nursing in Canada. The members of this Committee are Miss Jean E. Browne, Miss Matilda Fitzgerald, Miss Jean Wilson, the national Convener with the conveners of the nine Provincial sub-committees: Alberta, Miss K. S. Brighty; British Columbia, Miss Mabel Gray; Manitoba, Miss Edith McDowell; New Brunswick, Miss A. A. Burns; Nova Scotia, Miss M. Haliburton; Ontario, Miss E. L. Clarke; Prince Edward Island, Miss M. Thompson; Quebec, Miss M. Batson; Saskatchewan, Miss Ruby Simpson.

Since 1938, the Provincial Committees, in collaboration with the National Committee, have undertaken the work of assembling available data and the systematic search for further historical ma-

terial relating to the development of nursing in this country. In the first year following the last Biennial Meeting, so much progress was made that your Committee met in Toronto in May 1941, and reached the decision that the actual preparation of the History should be recommended. Ways and means were considered, and the following recommendations were made to the Executive Committee of the Canadian Nurses Association at the meeting held in Montreal on June 2, 1941:

That the present period is a strategic one for the publication of a History of Nursing in Canada;

That this book should interpret the development of nursing in Canada, and its influence on the life of the Canadian people;

That a well-written, readable book of this type would undoubtedly serve as an effec-



tive publicity tool for nursing and its needs;

That an author be selected who has undertaken intensive historical research and is at the same time a writer of proven ability;

That as the Canadian Nurses Association cannot undertake the financial responsibility for such a project at the present time, they should investigate the offer of The Macmillan Company of Canada to assume the cost of publishing a History of Nursing to be written by an author jointly acceptable to the Canadian Nurses Association and The Macmillan Company on a royalty basis.

After due deliberation, the following resolutions were adopted by the Executive Committee:

That inasmuch as the Executive Committee approves the suggestions contained in the History of Nursing Report, it is recommended that Miss Mary Mathewson, convener of the History of Nursing Committee, C.N.A., be requested to collaborate in the preparation of the History of Nursing in Canada with a professional writer to be selected later.

That a copy of the History of Nursing report be sent to each provincial Association of Registered Nurses, with the request that they state if they are in agreement with the Canadian Nurses Association proceeding according to the plan proposed in the report, and that decision for action will be made on the majority of replies.

That the first and second vice-presidents and the Executive Secretary of the Canadian Nurses Association be authorized to draw up and sign on behalf of the Canadian Nurses Association such agreements as may be necessary with The Macmillan Publishing Company in relation to the publication of the History of Nursing in Canada.

During the summer of 1941, all Provincial Associations were given an opportunity of expressing an opinion in the matter and further details regarding the proposal of The Macmillan Company

were secured. At the meeting of the Executive Committee held in Montreal in September 1941, it was reported that the majority of the Provincial Associations favoured the undertaking, and it was decided to proceed with the necessary arrangements. The president of the Association then conferred with Mr. Colin Henderson representing The Macmillan Company, and when preliminary negotiations had been completed it was agreed that Miss Margaret Lawrence, a graduate of Toronto University with a major in history, author of a successful book, "School of Femininity," and at present on the editorial staff of the Consolidated Press, be asked to consider the writing of the book in collaboration with Mary S. Mathewson. When Miss Lawrence's consent to undertake the work had been secured, the contract was drawn up and signed in March 1942 by the duly appointed officers of the Association. The Committee then met with Miss Lawrence in Toronto, to present the wishes of the Canadian Nurses Association regarding the proposed History.

Your Committee considers that the Association is most fortunate in securing the services of Miss Lawrence, who considers the writing of this book as a trust, and who is already convinced that behind the development of Canada's nurses as we see them today is a story which needs to be told.

The factual data around which this book must be written have been patiently unearthed by countless nurses in all parts of the country working under the direction of the conveners of Provincial Committees. The material which has been forwarded to the National Committee has surpassed all expectations. It is impossible to name each individual who has shared in this work, but the thanks of all Canadian nurses will go out to them collectively when the long

anticipated History actually appears in print.

May I take this opportunity of expressing the sincere thanks of the Committee to the Provincial Conveners and their Committees for the untiring efforts and loyal support without which

this progress could not have been reported.

MARY S. MATHEWSON

*Convener*

*Committee on History of Nursing  
in Canada,*

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## REPORT OF COMMITTEE ON EIGHT-HOUR DUTY

Even before the last report was submitted it became apparent that emergency conditions arising out of the present crisis placed definite limitations on the activities of this Committee. This fact was drawn to the attention of those who were present at the Biennial Meeting in 1940 and has been repeated in reports since submitted to the Executive of the Canadian Nurses Association. However, the instructions of the Executive are reflected in the following statement: "the fact that this Committee exists strengthens the provincial associations in maintaining a watchfulness that nurses are not too greatly exploited at present". Your Committee has endeavoured to carry on with this understanding. It has been definitely stated by the representative in several provinces that even the existence of the Committee has been helpful. There is no doubt that while conditions are far from ideal, both the public and the authorities who are most immediately concerned are becoming definitely conscious that it is imperative that shorter hours of duty must be established. It is lamentable that this recognition is only becoming a live issue in many instances because of the present conditions in which the demand for nurses makes consideration of reasonable hours of duty imperative, if the services of nurses are to be retained.

All are agreed that in any emergency nurses will not be found wanting, but it is realized that with appropriate hours, more efficient work is accomplished.

Nurses, as well as other workers, are entitled to consideration that will enable them to function as effectively as possible, both as professional women and citizens, in order that they may render a maximum service. This is particularly important in the present emergency when increasing demands are being met by every worthy citizen. At the present time with the shortage of nurses, especially in the outlying districts, it is difficult to urge the adoption of a policy that obviously requires more nurses. However, if nursing service is to be stabilized and the desirable type of young woman attracted to the profession, it is absolutely essential that reasonable hours of duty be adopted. Furthermore, in any emergency physical fitness is of the utmost importance.

Your Committee has endeavoured to keep in touch with developments in the nine provinces and, whenever possible, to bring to the attention of the appropriate authorities the need for revision and modification of hours. It is felt that one means of stimulating interest is a persevering study of existing conditions. It is definitely suggested that this be continued. In her work as Emergency Nursing Adviser the chairman of this Committee has had opportunities to stress to boards of directors and other influential groups, the need for shorter hours of duty for nurses. These opportunities have been capitalized.

Frequently, boards of directors appear to be surprised when they learn of the



hours of duty that many nurses are giving. It is questionable whether sufficient recognition is given to this factor as one of the chief causes of the continued unrest among nurses, especially those doing general duty. Today young women are realists. They are not prepared to make seemingly unwarranted sacrifices in order that an institution may carry an increasingly heavy service, and indulge in expenditures for equipment and extensions that often fail to justify themselves — a fact that frequently is very apparent to workers within a hospital.

At the request of this Committee, a copy of a report prepared by the chairman of the Provincial Committee on working conditions for nurses and nurses-in-training in hospitals in British Columbia was forwarded to each province. The study of this was recommended. It is apparent that results have been obtained from the work of this committee. In this province use is made of a form in which it will be noted that the question of overtime is emphasized. This is recognized as an important factor in contributing to fatigue and strain. Some schedules of modified hours of duty have also been made available to provincial representatives.

The representatives in eight provinces recently reported upon prevailing conditions. In most centres the private duty nurses are working on an eight-hour day as a general practice, and apparently with satisfactory results, although the following comments have been received from a few centres: "Nurses only observe the eight-hour day in homes; hospital authorities are not yet prepared to accept this schedule." or "Doctors are unwilling to approve the eight-hour day." This is the reverse of the general trend. In centres in which the eight-hour day has been established it has brought new meaning into the life of the private duty nurse, apparently with-

out any marked inconvenience to the patient.

Lack of accommodation to permit of increase in staff, shortage of personnel, increased demands being made upon hospitals that are already overcrowded, are among the problems cited as directly affecting any marked reduction in hours of duty for institutional nurses. On the other hand, long hours of duty are frankly stated as one of the reasons why nurses turn from general duty to some other field of endeavour.

Because of the value of repetition we re-state the recommendations approved by the Canadian Nurses Association in June 1940:

That a ninety-six hour fortnight should be the objective.

That lectures and classes should be included in time on duty.

That the arrangement of the time should not be left to the individual hospital but that the goal should be made a straight eight-hour service with staggered hours not more than four times in any one fortnight.

These recommendations refer particularly to student nurses.

Another recommendation arising out of the Special Conference held last fall, and approved by the Executive of the Canadian Nurses Association reads: "that the eight-hour day and the ninety-six hour fortnight be applied during the preliminary term"; this to include class, practice and study periods. The realization of these recommendations may seem to be remote under present conditions, but it is very essential to aim towards them if we are to continue to attract a desirable type of young women to the profession, and to retain the services of those who are in it.

Further recommendations formulated as the result of the reports received from the provincial representatives include the following:

That continued study and appropriate publicity be given to the question of reason-

able hours of duty for all nurses.

That every opportunity be made to inform boards of directors of the important implications from which hours of duty and living conditions for nurses cannot be disassociated.

That if possible, one whole day off each week be arranged for all nurses, even though a reduction to the ninety-six hour fortnight may not be feasible. One day of uninterrupted freedom from duty would enormously increase the possibilities for recreation and diversion that are so essential for every nurse. Posting of hours and time off duty several days in advance is also definitely recommended.

It is recommended that an accurate record of overtime be kept. This would be distinctly revealing.

That consideration be given to the possibility of using auxiliary aides to a greater extent in hospitals and other institutions in which their services might be utilized for non-educational duties.

The Committee would again draw attention to the fact that the name of the Committee is misleading. In a number of hospitals an eight-hour day has been adopted without any further allowances of time off duty. The total number of hours under such an arrangement constitute a fifty-six hour week, or one hundred and twelve hour fortnight.

This report is prepared by the chairman with an appreciation of the work done by the representatives in the provinces under conditions that are far from encouraging. The past two years have been difficult ones in which to achieve progress. However, the objectives of the Committee are felt to be of the utmost importance in the present crisis, as they affect recruitment of student nurses and the stabilization of nursing services.

K. W. ELLIS

*Chairman*

## REPORT OF NIGHTINGALE MEMORIAL COMMITTEE

At the General Meeting, 1940, the policy of collecting funds for the Endowment Fund of the Florence Nightingale International Foundation, to the completion of the commitment by the Canadian Nurses Association (1938-1942) was endorsed. In meeting on February 22, 1941, it was decided by the Executive Committee that in view of unsettled conditions, no further donations for the Endowment Fund be solicited. However, due to plans already made by the provincial associations, total contributions to the Endowment Fund during the biennium amounted to \$1064.39. In June 1941, \$2,500. of the Fund was invested in Dominion of Canada Victory Loan Bonds. The interest from these bonds will be deposited to the Endowment Fund, the bank balance of which on June 1, 1942, was \$256.54.

The decision made in 1940 by the Canadian Nurses Association to establish a loan fund has been fully justified. Enquiries have been received from 33 nurses, representing all Provinces. Of this number, nine made de-

finite application for assistance. For the year 1940-1941, one applicant was granted a bursary of three hundred dollars, which enabled her to complete a course of study already undertaken at the University of Chicago. Also for that year, one loan was issued to a student for a course in teaching and supervision in schools of nursing.

For the year 1941-1942, six loans were issued for courses in (1) teaching and supervision in schools of nursing by four students and (2) public health by two students. Universities selected were McGill and Toronto. Already two loans totalling \$1,000 have been granted for the year 1942-1943, one for a course in hospital administration and the other for a course in public health. The total amount of funds already granted in loans is \$3,550. Repayments are being received as promised.

KATHLEEN I. SANDERSON

*Convener*

*Florence Nightingale Memorial  
Committee*



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

The following resolutions were adopted at the General Meeting of the Canadian Nurses Association held in Montreal from June 22 to 26, 1942:

*Be it resolved* that the Canadian Nurses Association accept the invitation of the Manitoba Association of Registered Nurses for the next General Meeting (1944) to be held in the City of Winnipeg.

*Whereas* a careful study of the securing of an Act of Incorporation for the Canadian Nurses Association reveals the following difficulties: (a) there would be the necessity of holding an annual meeting; (b) there would be less flexibility in regard to change in constitution and by-laws; (c) there would be less freedom in undertaking new projects not included in the present constitution; *be it resolved* that the proposal to secure an Act of Incorporation for the Canadian Nurses Association be tabled.

*Whereas* during the next two years, unusual heavy responsibilities and work may have to be met by the Executive Committee of the Canadian Nurses Association, *be it resolved* that the Executive Committee of the Canadian Nurses Association be given wide powers and authority of wide representation at Executive Meetings and to take any necessary action during the next biennium.

*Resolved* that the Canadian Nurses Association offer loans for scholarship purposes to the amount of \$2,000 annually for the next two-year period.

*Whereas* difficulties are experienced continually in each province in connec-

tion with nominations for officers in the Canadian Nurses Association and the National Sections, *be it resolved* that in order to facilitate the procedure in connection with nominations, each provincial association of registered nurses be requested to send to the Executive Secretary of the Canadian Nurses Association a brief sketch of the professional qualifications and contributions of possible nominees for the various offices by September 1 in each year preceding a biennial meeting; also that a compilation of this information be sent to each provincial association of registered nurses with instructions concerning nominations. Furthermore, it is recommended that nomination committees be appointed by each provincial association of registered nurses to prepare the slate of nominees for office in the Canadian Nurses Association for submission to the provincial associations for consideration.

*Whereas* it is recognized to be sound and progressive educational policy to keep universities open on a yearly basis, dividing the year into semesters or quarters, *be it resolved* that steps be taken to develop courses in nursing education on a semester basis; that particular stress be given to the opening of university summer sessions to nurses and that such work be given full credit towards a diploma or a degree. This recommendation is to be referred to the incoming Executive with the suggestion that they confer with the new Provisional Council of University Schools in order to implement it.

*Whereas* the services of married and inactive nurses are urgently needed in hospitals and elsewhere, *be it resolved* that those nurses who have at some time been registered nurses, and who undertake to attend the available refresher courses, be granted emergency registration status for the duration of the emergency if they give their services on a voluntary basis. Those nurses who wish to serve for remuneration should be required to secure provincial registration; it is further recommended that consideration be given to the possibility of a special examination to meet the needs of this group.

*Whereas* there is greatly increased demand for graduate nurses due to war and emergency conditions and a shortage of nurses, both graduate and student, which is being felt most keenly at the present time, *be it resolved* that, as a war measure, steps be taken to meet the serious shortage by temporary increase in student enrolment in approved schools of nursing where it is possible to strengthen teaching and supervising staffs to a satisfactory degree.

*Whereas* there exists a Dominion Government Committee known as the Public Health Council, *be it resolved* that the Canadian Nurses Association appoint a committee representative of the three sections to meet with women members of the Public Health Council in order to bring to the Council, Canadian nursing opinion.

*Resolved* that a clearing-house or bureau for the registration of studies be set up at the National Office of the Canadian Nurses Association to serve all Sections and Committees of the C.N.A.,

the provincial units and all associated groups such as the Nursing Section of the Canadian Public Health Association. It is further recommended that all studies, undertaken nationally or provincially, be registered with the Central Bureau of the Canadian Nurses Association, through their respective offices and that in return the Bureau will notify all provincial associations when such studies are undertaken.

*Whereas* nursing bureaux and registries are being developed across Canada, *be it resolved* that nursing registries and bureaux be specifically mentioned in the list of agencies that will be utilized in any health insurance scheme.

*Resolved* that the Executive Committee of the Canadian Nurses Association be asked to consider sending representatives to the meetings of the American Nurses Association, the National League of Nursing Education, and other such meetings that it is a privilege to attend. It is further recommended that the Executive Committee of the Canadian Nurses Association recommend to the provinces that similar thought be given to sending representatives from the provincial associations to these meetings.

*Resolved* that the provincial associations of registered nurses be urged to continue the services of their respective advisers.

*Resolved* that the term "General Staff Nurse" replace the term "General Duty Nurse".

*Resolved* that the Canadian Nurses Association continue the National Joint Committee on Enrolment, to go forward for the duration, nurses and Red Cross hand in hand.

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#### Message from The Macmillan Company

*The Macmillan Company of Canada Limited apologizes for the delay in supplying Kimber & Gray—Anatomy & Physiology. Difficulties in obtaining paper delayed publication and shipments from New York were held up by war contingencies. Stock will be completely in hand in a few days, and all we can say is—We are very sorry.*



## REPORT OF THE EXECUTIVE SECRETARY OF THE C.N.A.

The Canadian Nurses Association in assembly for the twenty-first general meeting, is facing a week of strenuous sessions. In order to expedite proceedings, the biennial report of the Executive Secretary will be brief. Routine organization work has been carried on as usual and emergency responsibilities recognized and met under the direction of the Executive Committee which also has given effective leadership to several projects in co-operation with other interested groups.

In June 1941, representatives of the Canadian Nurses Association and the Canadian Hospital Council met for the first time to discuss matters of mutual interest and responsibility. The question of graduate nurses becoming responsible for the carrying out of clinical procedures, customarily delegated to internes, was discussed at length. It was agreed that in those hospitals unable to obtain adequate interne service, it should be considered sound procedure to permit the following to be performed by nurses, provided such be done by one or more graduate nurses of the hospital staff, carefully selected and trained for this work.

Blood pressure readings; subcutaneous injections; intravenous injection of saline and glucose solutions and such other medications or diagnostic fluids as the medical staff may authorize; taking of Wassermann; removal of sutures; intra-muscular injection of substances specifically authorized by the medical staff; recording of histories (with the exception of the physical examination); progress notes as dictated by the physician in charge; such other clinical procedures as may be recommended by the medical staff and approved by the director of nursing and the board of trustees.

It was agreed that before any part or all of this arrangement could be instituted, it must be approved by the or-

ganized medical staff, by the director of nursing and the governing body of the hospital. Later, the Canadian Hospital Council sought the endorsement of the Canadian Medical Association to the foregoing decision; however, the desired approval was not secured. Also, it was agreed that as a shortage of graduate nurses might occur, it was thought advisable to approve a plan by which some hospital experience could be made available to voluntary nursing aides. The Canadian Nurses Association was asked to prepare an outline of a syllabus for young women who had secured certificates in home nursing and first aid, and who wish to enrol for hospital experience under the sponsorship of the St. John Ambulance Association or the Canadian Red Cross Society. (See *The Canadian Nurse*, July 1941, pp. 471 and 472.)

Another joint meeting was held in March 1942, when representatives of the St. John Ambulance Association, the Canadian Red Cross Society, the Canadian Hospital Council and the Canadian Nurses Association met together for the first time. Discussion at this meeting resulted in the unanimous agreement of the organizations represented to a shorter course in hospital experience for voluntary nursing aides than that outlined in the Syllabus prepared in June 1941. The need for a shorter course seemed evident, due to a decrease of eligible young women for the original course which requires at least 240 hours for hospital experience. Also an agreement was reached as to classification of voluntary nursing aides according to their preparation. (See *The Canadian Nurse*, May 1942, p. 309.)

Late in September 1941, the Canadian Nurses Association arranged for a conference with representatives of Uni-

versity Schools of Nursing for discussion of increasingly acute problems connected with nursing service and nursing education. Following that conference, the University representatives attended a meeting of the Canadian Nurses Association Executive Committee, at which each provincial association was represented officially. Recommendations arising from the conference were endorsed by the Executive Committee. As a result of those recommendations, the Canadian Nurses Association approached the Federal Government for financial assistance and took immediate action toward appointing an Emergency Nursing Adviser to initiate the means for stabilizing Canada's nursing service. (See *The Canadian Nurse*, Nov. 1941, pp. 761-763.)

The Canadian Nurses Association was officially represented at a meeting of Women's National Organizations which was held at Government House, Ottawa, by invitation of Her Royal Highness Princess Alice. Other similar meetings at which the Canadian Nurses Association was represented include one called by the Wartime Prices and Trade Board, and several called by the Canadian Red Cross Society.

#### *Provincial Associations:*

The provincial associations of registered nurses make up the Canadian Nurses Association; that is, the national organization is a federation of the provincial associations. The total number of members at January 1, 1942, was 18,266. Each provincial unit is represented on the Executive Committee of the Canadian Nurses Association by four members, namely, the president and the chairmen of Sections. As reports of special committees are presented later, note can be made of the participation of the provincial associations in those national committees, either through individual re-

presentation or by corresponding provincial sub-committees.

#### *Sections:*

There are three Sections in the Canadian Nurses Association: the Hospital and School of Nursing Section; the General Nursing Section; the Public Health Section. At the General Meeting in 1940, a renaming of the Sections was approved and the by-laws amended as necessary. Each provincial association has sections to correspond to those in the Canadian Nurses Association.

#### *International Council:*

The Canadian Nurses Association is one of the few national organizations that is able to continue contact with the International Council of Nurses, now with temporary head-quarters in the United States of America. The annual fees to the I.C.N. are at the rate of 4 pence (sterling) per member of each national organization having international affiliation. At the request of the I.C.N., since early in 1940, fees have been held in reserve. In December 1941, these fees held in reserve by the C.N.A. amounting to approximately \$3400.00, were invested in Dominion of Canada Victory Bonds.

#### *British Nurses Relief Fund:*

Early in 1941, when it was learned that financial aid was the best way by which nurses of Canada could send help to the nurses of Britain who were victims of enemy action, the sum of \$2,000 from C.N.A. reserves, was sent to the Royal College of Nursing in London. Then, with the approval of the provincial associations, the British Nurses Relief Fund was established and registered according to the War Charities Act of Canada. This registration permits for funds being sent in aid of nurses in any part of the British Commonwealth of Nations who, due to enemy



action, have been injured or have had material losses. Altogether \$22,500 has been sent to Britain where the Royal College of Nursing established a fund which is called "The Canadian Nurses Fund for Civilian Nurse Air Raid Victims". Recently, on advice from the Red Cross Enquiry Bureau, twenty parcels of toilet accessories, each of maximum weight and each bearing the address — "British Nurses as prisoners of war in Hong Kong" — were sent to the Chief Postal Censor, Ottawa, with a request that when possible those parcels be shipped to Hong Kong. Also, an attempt is being made to learn if there are British or Allied refugee nurses in Australia who are in need of financial assistance.

To comply with the War Charities Act of Canada, the Canadian Nurses Association appointed three members to act as a committee on administration for the Fund; there is a similar committee in each province. Also to comply with federal regulations, an audited statement of the Fund for the year 1941 was filed with the Department of National Services before January 31, 1942.

#### *National Vesper Service:*

In consultation with the Overseas Nursing Sisters Association of Canada, the Executive Committee of the Canadian Nurses Association reached a decision whereby in future on the first or second Sunday in the month of May, nurses throughout Canada will arrange in their respective localities for a Vesper Service. It is recommended that this service should become a re-dedication by nurses to nursing, and that the graduating classes of local schools of nursing be invited to attend.

#### *National Office:*

In May 1941, the President announced the appointment of Miss Maisie

Miller as assistant to the Executive Secretary. Miss Miller joined National Office staff on October 1. Early in the present year Miss Helen Hope replaced Miss Helen Rorke as clerical office assistant, and, in order to cope with the stenographic demands arising from various developments, it became necessary to secure the President's approval to the appointment of a junior stenographer, on a temporary arrangement. Since February, Miss Elizabeth Cornell has acted in the latter position.

Among the projects that have required extensive clerical assistance of National Office staff are:

Several studies by the Committee on Nursing Education.

Study by the Exchange of Nurses Committee.

In relation to loans and bursaries offered by the Association.

Recruiting members of the Canadian Nurses Association for an Orthopaedic Hospital Unit for Scotland, and for the British Civil Nursing Reserve.

In relation to the work connected with the programme undertaken by the Emergency Nursing Adviser.

In response to a request from the Federal Authorities for a statement on Nursing in relation to a National Health Insurance Scheme.

Sale of the Supplement to the Proposed Curriculum — about 1500 copies — and distribution of the pamphlet, "Should You Wish to Become a Nurse" — 19,500 copies.

An interim report in detail of all activities carried on under the direction of the Executive Secretary is presented to each meeting of the Executive, while "Notes from the National Office", published in each issue of *The Canadian Nurse*, provides a source by which the members at large may keep themselves informed of their national organization. A monthly financial statement is sent to the President, the Hon. Secretary,

and the Hon. Treasurer, and each member of the Executive Committee receives quarterly a summarized financial report. The books of the Association are audited annually.

Your Executive Secretary has served as secretary of Committees such as Nursing Education, Exchange of Nurses, and History of Nursing, and as secretary-treasurer of the administration committee of the British Nurses Relief Fund.

On recommendation by the Executive Committee, the services of the assistant to the Executive Secretary were made available to the Emergency Nursing Adviser so that this officer at National Office could become familiar with this emergency project; the assistant has acted as secretary to the sub-

committee on records of the Committee on Nursing Education.

During the past two years the indexing of the Minutes of General Meetings and of Executive Committee Meetings was completed and the Minutes bound in separate volumes.

#### *War-time Measures:*

Your Executive Secretary has been on the alert in regard to various war-time federal regulations as they came into force and it is felt that the Canadian Nurses Association has complied with all such regulations, insofar as they affect the National Organization.

JEAN S. WILSON

*Executive Secretary*

*Canadian Nurses Association*

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## Summary of Provincial Reports

In order to conserve space and save expense, the Executive Committee of the C.N.A. decided that the reports presented at the Biennial Meeting by the Provincial Associations of Registered Nurses should be summarized. Many of the outstanding provincial achievements had already been reported upon at length in the *Journal* but it is nevertheless interesting to review them briefly under a common heading:

*Alberta Association of Registered Nurses:* The Provincial Legislature has passed the new Registered Nurses Act providing for an educational requirement of high school graduation diploma disclosing successful completion of courses in chemistry and either physics or biology. A regulation has been added to the Hospitals Act making it compulsory for all nurses employed in approved hospitals to be registered and in good standing in Alberta, special consideration to be

given those at present employed but not eligible for registration.

By arrangement with the University of Alberta, graduates passing the R.N. examinations are automatically granted registration and membership. These changes have been sought for many years and through them we hope substantially to increase the number of active members and in time to have all graduate nurses become Association members. Meanwhile, active membership continues to increase. In 1939 the number was 1303.

Students receiving honours (80%) in the R.N. examinations receive from the Association a year's subscription to *The Canadian Nurse*.

A registry for private duty nurses has recently been opened in Calgary, operated by District 3 and known as the Community Nursing Bureau. There are now two well organized registries in Alberta; both include practical nurses.



*Registered Nurses Association of British Columbia:* Our membership in January 1942 stood at 2,840. Quite a few nurses whose membership had been allowed to lapse have re-established registration partly as an outcome of the interest created by the formation of local Districts and Chapters. "Chapter" is the term used in reference to a local Association, three or more of which units combine to form a District. We expect eventually to have about ten districts covering the entire province. We now have three Districts comprising seven, four and three Chapters respectively, and fifteen additional single Chapters. A news bulletin, along with any other information which we want to have reach our members, is sent out to all Chapters following each meeting of the Council.

At the annual meeting in 1942, the Association approved the principle that it should be the responsibility of the District as a whole and not just the private duty nurses, to support the District registry — a registry which will handle calls for private duty nurses and general staff placements. We are planning the organization of a provincial placement service which, in co-operation with the district registries, will handle general staff placements in parts of the province where there are no local registries and placement for all positions requiring special experience or preparation. In order to finance this venture, and beginning in March 1943, the annual fees for all active nurses will be increased from two to five dollars. Of this sum two dollars will be the registration fee as previously paid, one dollar will cover District and Chapter fees, and the remaining two dollars will go to the support of the District Nursing Bureau. If there is no bureau in the district in which the nurse resides, her two dollars will then go toward the support of the provincial placement service. Private duty nurses will not be expected to pay any additional fee. Nurses who are not active, but still wish to maintain their registration, will be required to pay only three dollars to cover registration and District and Chapter fees.

The University of British Columbia, with the assistance of Miss Leahy from the University of Washington, offered a two-weeks

course in supervision for public health nurses. Review lectures in first aid planned for nurses offering their services for the manning of first aid posts have been taken by approximately 600 nurses.

*Manitoba Association of Registered Nurses:* We have had considerable turnover in nursing personnel in all branches of nursing. General duty nurses are demanding better living and working conditions. Low salaries, long hours of duty, have contributed to the spirit of unrest.

The M.A.R.N. has prepared and released a Minimum Curriculum containing requirements for registration for schools of nursing in Manitoba. A complete set of school of nursing records has been provided for use during a trial period of three years. Provincial examinations for first-year students have been established. A conference of superintendents of nurses was held when policies regarding schools of nursing were considered and dealt with. A committee of administrators prepared an outline of duties for the subsidiary worker.

The present Act respecting registration for nurses is being carefully studied with a view to much needed revision. An attempt was recently made by a member of the Legislature to amend the Act which would have reduced the patient daily average requirement for a hospital conducting a school of nursing from 20 to 5. Due to the excellent co-operation of every member of the Association, the proposed amendment did not materialize.

The committee on publicity for nurses and nursing has increased its activities considerably. Owing to the need for extending the services of the Association, the annual fee was increased from \$2 to \$3 per year. An assistant to the executive secretary and school of nursing adviser has been appointed.

*New Brunswick Association of Registered Nurses:* The total membership is 914. Membership in the Canadian Nurses Association is restricted to active resident members of the provincial association. The work of the Association is carried on by the Executive Council, which includes in its membership all conveners of sections and standing committees, representative from each Chapter

and representatives from districts where no Chapters have been organized. Private duty nurses who are Council members are reimbursed for time lost due to attendance at Council meetings.

Chapters have been organized in Fredericton, Moncton, Saint John and St. Stephen. Meetings are usually held monthly from October until June. Programmes include lectures on professional subjects, reports of sub-committees and of the representatives to Council. One Chapter operates a registry with a salaried registrar in charge, also a sick benefit and loan fund; others have furnished and provide for the upkeep of rooms in local hospitals.

The Association has opened a new office in the Health Centre, Saint John, and has placed a full-time executive secretary-treasurer-registrar in charge. In the application of the new Registered Nurses Act, the basis of reciprocal registration was found too limiting. Interchange of qualified nurses between neighbouring provinces and States remains an advantage to this province and the new Act limited those eligible to nurses who were registered under Acts which had qualifications equal to those of the New Brunswick Act. An amendment to this phase of the Act was secured this year.

*Registered Nurses Association of Nova Scotia:* Membership is, at present, 1090 paid-up members, an increase of 13% over that reported at the last Biennial Meeting. Grants are made to each Section from the general funds to assist the members of these Sections, with expenses incurred when travelling to attend meetings. As a war measure we admit, for the duration, nurses eligible for registration on the payment of a fee of \$2.50. This fee does not entitle a member to hold office, to vote, or to work for remuneration — they are associate members only. The Nova Scotia Journal of Education published, at our request, suggested subjects (English, History, Science, Mathematics, and Latin) for prospective nursing students to study in the Provincial Grade XI curriculum.

Applicants from a foreign country, wishing to train in Nova Scotia, but unable to produce proof of educational qualifications

due to the capitulation of their native country, may be accepted upon presentation of a sworn statement, verified by the Consul of that country. Graduate nurses from those same countries, wishing to become registered by reciprocity, may be accepted under the same regulations.

Miss Jenkins was appointed convener of the newly organized War Problems Committee which already has done much valuable work.

*Registered Nurses Association of Ontario:* Membership for the current year up to May 1 is 4,694.

After several years of study on the part of the Registry Committee it was decided that existing registries could be re-organized and new registries organized to conform to a uniform standard. The Committee presented a plan for the necessary set-up which was mimeographed and circulated so that existing registry boards and groups of nurses could study and become familiar with it. At the annual meeting in 1941, a registry organizer was appointed to bring the suggested plan to life who, when requested, would assist existing registries to re-organize and aid groups of nurses in organizing a registry. The Registered Nurses Association of Ontario assumed the full responsibility of the salary of this organizer, and also makes allowances for the travelling and living expenses if such arrangements are not undertaken by the local registry or by a group of nurses. The Board of Directors were delighted to be able to secure the services of Miss Madalene Baker for this important task. Miss Baker made her first trip up through northern Ontario and as far west as Fort William in March when two registries were organized. One large central registry has re-organized and Miss Baker has just returned from a trip through the eastern part of the Province. In every centre, committees were formed to study the question and many are following the suggested set-up as far as possible. The registries recently organized or re-organized are in almost every instance using the uniform standard records as recommended by the Committee and which may be obtained at provincial headquarters.



It became apparent that the need for an experiment in the training of practical nurses was necessary in order to fit them to meet the needs of the Registry to give service to the public. A plan for a demonstration in the training of practical nurses was presented by the Board of the London Central Registry. This demonstration was approved by the Registered Nurses Association of Ontario which also gave financial assistance; it was also approved by the Council of Nurse Education. Ten students completed this course and were required to sign an agreement to identify themselves with the London Central Registry for a further two years, during which time they will be under supervision. A request has been received from the Council of the Toronto Central Registry Board that they be allowed to conduct a second demonstration in the training of the practical nurses under the same plan. This request has been approved by the Association and by the Council of Nurse Education.

*Prince Edward Island Registered Nurses Association:* There are 129 active and 51 inactive members in good standing in our Association. A large percentage have joined some branch of His Majesty's Forces. We are proud that the patriotic spirit is so manifest, but regret the loss of so many experienced members from the Association—in all a total of 27% of our active group.

The president had the privilege of attending the conference of representatives of University Schools of Nursing and the Executive Committee, Canadian Nurses Association, in Montreal. The discussion gave inspiration to all attending the conferences. The recommendations arising from this meeting have been the subject of much discussion at our provincial meetings. In February 1942, Miss Anna Bennett, instructor of nurses in the Prince Edward Island Hospital, was appointed Provincial Emergency Nursing Adviser. Two more subjects have been added to the R. N. examinations, thus making a total of eight examinations.

Due to the loss of so many of its members, the General Nursing Section supplemented with married nurses. The Public Health Section is now carrying on with four

field workers and a part-time director. Provincial-wide diphtheria immunizing clinics are being held in each school district and the response has been greater than at any previous clinic. School inspection, home visits, tuberculin skin testing, and dental clinics continue to keep the small staff busy.

*Association of Registered Nurses of the Province of Quebec:* We can safely claim as our most outstanding achievement the fact that for twenty-two years we have held together and contributed considerably to our mutual welfare and development, and pulled our weight in matters of general responsibility and interest in Canada as a whole, in spite of the fact (or perhaps because of it) that our membership consists of two distinct language groups, who do not understand each other thoroughly but at least endeavour to do so. The total membership is 5442, 10% consisting of sisters of religious orders involving 15 different communities.

To offset the shortage in nurses, we have solicited the co-operation of married and inactive nurses, many of whom have taken refresher courses and have signified their willingness to return to duty if and when the need arises. Our Board has made definite recommendations to our Provincial Government, through the Hospital Commission, regarding working conditions, hours of service, and salaries and opportunities for advancement for the general duty group.

Because of the shortage of applications, an intensive campaign to stimulate interest in nursing has been carried out by instructors and public health nurses who have addressed students in high schools, and colleges where the co-operation extended by the principals and students has been most helpful and encouraging. Plans have been made with the provincial department of education whereby high school pupils may enter into a competitive essay plan, prizes for which will be awarded by our Association. The essays are to be concerned with the life and work of Jeanne Mance.

*Saskatchewan Registered Nurses Association:* There has been a steady increase in the membership and there are now 1218

members. The arrangement whereby it has been possible for the President of this Association, as a representative from adjacent provinces, to attend the Executive Meetings of the Canadian Nurses Association has been most helpful.

In January of this year, the Registrar, Miss Kathleen W. Ellis, was temporarily released from her duties to become Emergency Nursing Adviser for the Canadian Nurses Association. Mrs. C. Christilaw has carried on efficiently as acting registrar during her absence. The Saskatchewan Registered Nurses Association willingly co-operated in this arrangement as it was felt that it would be of definite national assistance at this time.

A special appeal is being made to all nurses to consider the desirability of continuing in their present positions for at least a year. Many days of nursing service are lost in travel and change of position. Every opportunity is being used to bring to the attention of Boards of Directors in Hospitals their special responsibilities in relation to the desirability of providing reasonable hours of duty and good working and living conditions for nurses even in the present crisis.

The organization of the Association into districts and chapters is now in progress and will tend to unify and strengthen the professional group in this province at a time when unity of effort is most essential.

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### Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Mary Morrison*, a graduate of Hotel-Dieu Hospital, Kingston, and of the course in public health nursing, University of Western Ontario, has been appointed to the Kingston staff.

*Miss Maxime Ward*, a graduate of the Royal Victoria Hospital, Montreal, and of the course in public health nursing, University of Western Ontario, has been appointed to the Kitchener staff.

*Miss Helen I. Carr*, a graduate of the University of Toronto School of Nursing, has been appointed to the Toronto staff.

*Miss Henrietta Kerr*, who has been on leave of absence from the Victorian Order of Nurses for Canada and who has recently completed the public health nursing course at the University of Toronto, has been appointed nurse-in-charge of the Sydney Branch.

*Miss Mary Van Zoost*, a graduate of the Children's Hospital, Halifax, and of the public health nursing course, University of Toronto, has been appointed to the Halifax staff.

*Miss Lucille Beaudet*, a graduate of St. Joseph's Hospital, Rivière du Loup, and of the public health nursing course, University of Montreal, has been appointed to the Ottawa staff.

*Miss Margaret Ross*, a graduate of the Children's Hospital, Halifax, and of the public health nursing course, McGill School for Graduate Nurses, has been appointed to the Pictou staff.

*Miss Eva Wheeler*, a graduate of the University of Alberta Hospital, and of the course in public health nursing, University of Alberta, has been appointed to the Saskatoon staff.

*Miss Esmé Murphy*, a graduate of St. Michael's Hospital, Toronto, and of the public health nursing course, University of Toronto, has been appointed to the York Township staff.

*Miss Grace Macpherson*, a graduate of the Victoria Hospital, London, and of the course in public health nursing, University of Western Ontario, has been appointed to the Hamilton staff.

*Mrs. Mary Hill*, who resigned from the Canso Branch, has been reappointed nurse-in-charge of the Canso Branch.



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Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, **Royal Edward Laurentian Hospital (Ste. Agathe Division)**, Ste. Agathe des Monts, P.Q.  
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Applications are invited for the position of **Operating Room Supervisor** in the Moose Jaw General Hospital. This Hospital has a capacity of 180 beds, and a very active surgical department.

For further information apply to:

**The Superintendent of Nurses, Moose Jaw General Hospital, Moose Jaw, Sask.**

*Miss Inez Rickinson* has been transferred from the Timmins Branch to the Peninsula Branch as nurse-in-charge.

*Miss Rita Michaud* has resigned from the Lachine Branch to be married.

*Mrs. Rex Alexandre* (Isabelle Morton) has resigned from the Halifax staff.

*Miss Margaret McLachlan* has resigned from the Cornwall Branch to take up other work.

*Mrs. Ruth Villeneuve* has resigned from the Cornwall Branch.

*Miss Dorothy Piché* has resigned from the North Bay Branch to be married.

*Miss Minette Côté* has resigned from the Ottawa Branch to take a position with the St. John Ambulance.

*Miss Elsie King* has resigned from the Montreal Branch.

## Ontario Public Health Nursing Service

*Miss Mabel Fairfield* (Buffalo City Hospital and New York University public health nursing course) has accepted a position as public health nurse with the Board of Education, Kingston. She succeeds *Miss Gertrude MacLean*, who is on military service.

*Miss Nora Hanna* (St. Luke's Hospital, New York City, and University of Toronto public health nursing course) has resigned her position with the Orillia Board of Health to accept a similar post in Weston. She has been succeeded in Orillia by *Miss Phyllis Thomson* (Harper Hospital, Detroit, and University of Western Ontario public health nursing course) who was formerly

with the Board of Health, Fort Frances.

*Miss Ethel Gordon* (Winnipeg General Hospital and University of Toronto public health nursing course) has resigned from the Victorian Order of Nurses, Woodstock, and has accepted a position as public health nurse with the Board of Education, Belleville.

*Miss Edith Thompson* (Toronto General Hospital and University of Toronto public health nursing course) has accepted a position with Defence Industries, Pickering.

*Miss Florence E. Carter* (University of Alberta Hospital and University of Toronto public health nursing course) has ac-



## M.L.I.C. NURSING SERVICE

cepted a position with the East York Township Board of Health.

*Miss Jean Birch* (Toronto General Hospital and University of Toronto public health nursing course) has been appointed public health nurse for the Town of Wallaceburg.

*Miss Marion Woodside* (Toronto General Hospital and University of Toronto undergraduate course) who was formerly on the staff of the East York Township Board of Health, has been appointed by the Ottawa Collegiate Board.

### M.L.I.C. Nursing Service

*Miss Ina Dickie* (Hamilton General Hospital, 1938, and University of Western Ontario public health nursing course, 1942) has been appointed to the Metropolitan Nursing Staff and will take over the nursing service in Fort William and Port Arthur.

*Miss Madeleine Cadieux* (Sacred Heart Hospital, Hull, 1940, and University of Toronto public health nursing course, 1942) has been appointed to the Metropolitan Nursing Staff and has taken up her duties at the Mount Royal Office, Montreal.

*Miss Jeanne Gagnon* (Hopital de l'Enfant Jésus, Quebec, 1940) has been appointed to the Mount Royal Staff.

*Miss Marie Reine Boulanger* (St. Sacrement Hospital, Quebec, 1936, and University of Montreal public health nursing course, 1939) has been appointed as a Metropolitan nurse and at present is on the Mount Royal Staff.

*Miss Alice Girard* (St. Vincent de Paul Hospital, Sherbrooke, 1931, and University of Toronto public health nursing course, 1940) who was given an academic year's leave of absence to complete her Degree of Bachelor of Science in Nursing at the Catholic University of America, Washington, to help qualify her for the position of Director of the School of Public Health Nursing, University of Montreal, in the hope that she might be appointed to this position, has resigned as a result of receiving this appointment.

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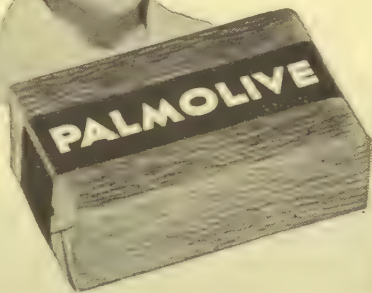


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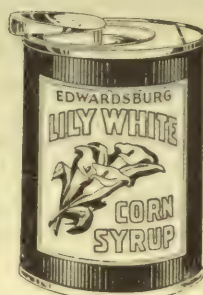
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### NEWS NOTES

#### ONTARIO

##### STRATFORD:

The graduation exercises of the School of Nursing of the Stratford General Hospital were held recently with 19 students graduating. Prof. Landon, of the University of Western Ontario, was the guest speaker.

Miss Gladys West (1937) has arrived safely in South Africa.

#### QUEBEC

##### *McGill School for Graduate Nurses:*

It is interesting to note the location of the students of session 1941-1942; appointments have been received as follows: Evelyn Archer to the staff of the Vancouver General Hospital; Margaret Campbell as instructor at the Moncton Hospital; Margot P. Carson

as instructor at the Royal Columbian Hospital, New Westminster, B.C.; Ella Cassidy to the staff of the Child Welfare Association, Montreal; Dorothy Dick to the staff of the Health Department, City of Winnipeg; Eleanor Fraser to the staff of the Victorian Order of Nurses, Montreal; Edith Kemp to the staff of the Provincial Hospital, Brandon, Manitoba; Elizabeth Lea, Rural Field, Provincial Health Department, Alberta; Helen Leak as instructor at the Hospital for Sick Children, Toronto; Hester Lusted to the staff of the Victorian Order of Nurses, Winnipeg; Elizabeth Lyster as assistant head nurse in the Outpatient Department, Royal Victoria Hospital, Montreal; Lillian MacKenzie to the staff of the Health Department, City of Winnipeg; Ray McKenzie, Rural Field, Red Cross Outpost Nursing Service; Nancie Methuen, Rural Field Health Unit, Stettler, Alberta; Mrs. George F. Harvey (Irene Meyer) as super-



visor at St. Mary's Hospital, Montreal; Mrs. Lauretta Naylor as instructor at Saint John General Hospital; Jeannette Parent, Rural Field, Provincial Health Department, Kerrobert, Saskatchewan; Bertha Reid to the staff of the Health Department, City of Hamilton, Ontario; Betsy Reiersen to the staff of the Regina General Hospital; Catherine Ross to the staff of the Victorian Order of Nurses, Winnipeg; Margaret P. Ross to the staff of the Victorian order of Nurses, Pictou, N.S.; Margaret Street as instructor, Misecordia Hospital, Winnipeg; Margaret Trueman to the staff of the Victorian Order of Nurses, Montreal; Julia Walters to the staff of the Vancouver General Hospital; Katherine Weatherhead to the staff of the Winnipeg General Hospital; Mary Wilson to the staff of the Provincial Department of Health, Manitoba; Frances Winchester to the staff of the Victorian Order of Nurses, Montreal.

Bessie Jackson (Public Health 1941) has resigned from the staff of the Victorian Order of Nurses, Montreal, and accepted an appointment on the teaching staff of the Ottawa Civic Hospital. Clare B. Franckum (Public Health 1940) has resigned from the staff of the Health Department, City of Montreal, and has accepted an appointment with the Protestant School Board Health Service for Teachers, Montreal.

Married: Recently, Irene Meyer (Teaching and Supervision 1942) to George F. Harvey.

#### *Montreal General Hospital:*

Miss Jean Ross (1938) and Miss MacKenzie (1941) are engaged in dustrial nursing in a large manufacturing plant in Montreal. The Misses Siddons-Grey (1933), Ruth Scott (1939), V. R. Umphrey (1937) and Shirley Laughlan (1941) have joined the R.C.A.M.C. as Nursing Sisters. Mrs. Johnston (Marion Baxter, 1932) is relieving in the out-patients department for the summer months.

The following marriages have recently taken place: Barbara Eardley-Wilmot (1938) to Leading Aircraftman John F. Carr R.C.A.F.; Allison Laite (1941) to Sergeant Gordon MacNaughton R.C.A.F.; Elizabeth Gaskin (1939) to 2nd Lieut. Walter D. Stewart R.C.A.S.C.;

#### *Royal Victoria Hospital:*

Miss Margaret Baillie (1940) is with the R.C.A.M.C. at Kingston. Miss Eleanor Illsey (1942) is now in charge of Ward B (women's medical). Miss Duthie Hudson and Miss Doris Wilkinson are on the staff of the Arvida Hospital. Miss Frances MacDonald (1938) had been appointed assistant superintendent at Victoria General Hospital, Halifax. Nursing Sister Margaret Smith has been promoted to be Matron, and Sister Dorothy Riches to be Principal Matron, R.C.A.M.C. Overseas.



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The following marriages took place recently: Ruth Pyper (R.V.H. 1938) to Dr. Alan Bourne; Vivian Powers (R.V.H. 1940) to Cadet W. Paul Landry; Phillis Hartney (R.V.H. 1941) to Ensign Ray Ford, United States Naval Reserve. QUEBEC CITY:

### *Jeffery Hale's Hospital:*

Miss B. O'Neill (1942) has accepted the position of supervisor in the men's medical and surgical wards. Miss M. Jones (1941) has returned from Montreal and is now supervisor of the maternity floor. Miss G. Martin (1941) will take the course in teaching and supervision at the McGill School for Graduate Nurses. Miss N. Humphries (1941) has accepted the position of operating room supervisor temporarily. Miss M. Wilson (1941) has joined the Nursing Service, R.C.A.M.C.

## SASKATCHEWAN

### SASKATOON:

Miss Mildred McLeod (S.C.H., 1942) has been appointed secretary to Miss Kathleen W. Ellis, Registrar of the S.R.N.A. Miss McLeod replaces Miss Dufty, who has entered the military nursing service.

Recently we received the gift of twelve volumes of the *Journal* from Miss Mary Sewall of Stockton, California; the years 1918-1926 and 1929-1931 are beautifully bound in blue cloth covers. The Saskatchewan Registered Nurses Association now proudly possesses all copies of *The Canadian Nurse* from January, 1918 to the present time. We are greatly indebted to Miss Sewall for her very generous gift.

### MELFORT:

### *Lady Minto Hospital:*

The staff of the Lady Minto Hospital was well pleased with the interest given to "The Advance in Nursing" exhibit which they had on display. Included in the exhibit were photos of the following former members of the nursing staff now serving in Canada and overseas: Flight-Lieut. Margaret Whilans, R.C.A.F. Nursing Service, Yorkton; Nursing Sisters Muriel Clift, Betty Rodger, Patricia McCarthy, all with the R.C.A.M.C., No. 8 Canadian General Hospital, somewhere in England; Nursing Sister Monica Waters, of the Red Cross Orthopedic Unit in Scotland.

A lawn social, sponsored by the married and inactive nurses in aid of the British Nurses Relief Fund, was held recently in the grounds of the Lady Minto Hospital.

Married: Recently, Miss Adelheit Groes (Regina General Hospital, 1940) to Mr. Paul Wiemken.



# Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven  
Connecticut, U.S.A.

## THE CANADIAN NURSES ASSOCIATION

President ..... Miss Marion Lindeburgh, 3466 University St., Montreal, P. Q.  
Past President ..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.  
First Vice-President ..... Miss Marjorie Buck, Norfolk General Hospital, Simcoe, Ont.  
Second Vice-President ..... Miss Fanny Munroe, Royal Victoria Hospital, Montreal, P. Q.  
Honourary Secretary ..... Miss Rae Chittick, 815—18th Ave. W., Calgary, Alta.  
Honourary Treasurer ..... Miss Marjorie Jenkins, Children's Hospital, Halifax, N.S.

### COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

*Numerals indicate office held: (1) President, Provincial Nurses Association;  
(2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public  
Health Section; (4) Chairman, General Nursing Section.*

**Alberta:** (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Helen Garfield, 713-3rd St. E., Calgary; (4) Miss Anne Carlson, 112-10th Ave. N. W., Calgary.

**British Columbia:** (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

**Manitoba:** (1) Mrs. A. C. McFetridge, 418 Campbell St., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss E. Rowlett, 125 Nassau St., Winnipeg; (4) Miss E. Campbell, 778 Ingersoll St., Winnipeg.

**New Brunswick:** (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

**Nova Scotia:** (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

**Ontario:** (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise

D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

**Prince Edward Island:** (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

**Quebec:** (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; (3) Miss Kathleen Dickson, Royal Edward Institute, Montreal; (4) Miss Anne-Marie Robert, 5484A St. Denis St., Montreal.

**Saskatchewan:** (1) Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; (2) Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

**Chairmen, National Sections:** Hospital and School of Nursing: Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. Public Health: Miss Lyle Creelman, 2570 Spruce St., Vancouver, B.C. General Nursing: Miss Madalene Baker, 249 Victoria St., London, Ont. Convener, Committee on Nursing Education: Miss E. K. Russell, 7 Queen's Park, Toronto, Ont.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

### OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

#### Hospital and School of Nursing Section

**CHAIRMAN:** Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. First Vice-Chairman: Miss Eva McNally, General Hospital, Brandon, Man. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss Flora MacLellan, Ontario Hospital, New Toronto, Ont.

**COUNCILLORS:** Alberta: Miss G. Bamforth, Royal Alexandra Hospital, Edmonton. British Columbia: Miss F. McQuarrie, Vancouver General Hospital. Manitoba: Miss D. Ditchfield, Children's Hospital, Winnipeg. New Brunswick: Miss Marion Myers, Saint John General Hospital. Nova Scotia: Sister Mary Peter, St. Martha's Hospital, Antigonish. Ontario: Miss L. D. Acton, Kingston General Hospital. Prince Edward Island: Miss Georgie Brown, Prince County Hospital, Summerside. Quebec: Miss Winnifred MacLean, Royal Victoria Hospital, Montreal. Saskatchewan: Reverend Sister Mandin, St. Paul's Hospital, Saskatoon.

#### General Nursing Section

**CHAIRMAN:** Miss M. Baker, 249 Victoria St., London, Ont. First Vice-Chairman: Miss P. Brownell, 212 Balmoral St., Winnipeg, Man. Second Vice-Chairman: Miss M. McMullen, St. Stephen, N.B. Secretary-Treasurer: Miss A. Conroy, 404 Regent St., London, Ont.

**COUNCILLORS:** Alberta: Miss A. Carlson, 112-10th Ave. N. W., Calgary. British Columbia: Mrs. E. B. Thomson, 1095 West 14th St., Vancouver. Manitoba: Miss E. Campbell, 778 Ingersoll St., Winnipeg. New Brunswick: Miss Myrtle E. Kay, 21 Austin St., Moncton. Nova Scotia: Miss M. Ripley, 46 Dublin St., Halifax. Ontario: Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. Prince Edward Island: Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown. Quebec: Miss A. M. Robert, 5484A St. Denis St., Montreal. Saskatchewan: Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

#### Public Health Section

**CHAIRMAN:** Miss L. Creelman, 2570 Spruce St., Vancouver, B. C. Vice-Chairman: Miss A. Martineau, Dept. of Health, Montreal, P. Q. Secretary-Treasurer: Mrs. G. Langton, University of British Columbia, Vancouver, B. C.

**COUNCILLORS:** Alberta: Miss Helen Garfield, 713-3rd St. E., Calgary. British Columbia: Miss F. Innes, 1922 Adanac St., Vancouver. Manitoba: Miss E. Rowlett, 125 Nassau St., Winnipeg. New Brunswick: Miss A. Burns, Health Centre, Saint John. Nova Scotia: Miss Jean Forbes, 314 Roy Bldg., Halifax. Ontario: Miss W. Ashplant, 807 Waterloo St., London. Prince Edward Island: Miss Margaret Darling, Alberton. Quebec: Miss Kathleen Dickson, Royal Edward Institute, Montreal. Saskatchewan: Miss Gladys McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

Pres., Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Catherine M. Clibborn, University of Alberta Hospital, Edmonton; Sec. Vice-Pres., Sister M. Beatrice, St. Michael's Hospital, Lethbridge; Sec. Treas. & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss B. A. Beattie, Provincial Mental Hospital, Ponoka, Miss G. Bamforth, Miss H. M. Garfield, Miss A. J. Carlson; *Chairmen of Sections: Hospital & School of Nursing* Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; *Public Health*, Miss Helen M. Garfield, 713-3rd St. E., Calgary; *General Nursing*, Miss Annie J. Carlson, 112-10th Ave. N. W., Calgary; *Rep. to The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tamblin, Provincial Mental Hospital, Ponoka; *Representative to The Canadian Nurse*, Miss Nessa Leckie.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections: Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec. Treas. Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crookford; *Representatives to: Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

### Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V. Leadlay; *Committee Conveners: Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps. to: Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

### Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostufk; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

Pres., Miss M. Duffield, 1675-10th Ave. W., Vancouver; First Vice-Pres., Miss M. E. Kerr; Sec. Vice-Pres., Miss G. M. Fairley; Sec., Miss

P. Capelle, Rm. 715, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 715, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections: Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St., Vancouver; *General Nursing*, Mrs. E. B. Thomson, 1095 W. 14th Ave., Vancouver; *Press*, Miss M. E. Macdonell, 2570 Spruce St., Vancouver.

## MANITOBA

### Manitoba Association of Registered Nurses

Pres., Mrs. A. C. McFetridge, 418 Campbell St. Winnipeg; First Vice-Pres., Miss E. McNally, Brandon General Hospital; Sec. Vice-Pres., Miss I. McDiarmid, 363 Langside St., Winnipeg; *Board Members*: Miss L. Stewart, 168 Chestnut St. Winnipeg; Miss H. Coram, 172 Chestnut St. Winnipeg; Miss P. Hart, 320 Sherbrooke St., Winnipeg; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; Mrs. F. Wagner, Grace Hospital, Winnipeg; Miss A. O'Brien, Souris & Glenwood Memorial Hospital; Rev. Sister Clermont, St. Boniface Hospital; *Conveners of Sections: Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *Public Health*, Miss E. Rowlett, 125 Nassau St. Winnipeg; *General Nursing*, Miss E. Campbell, 778 Ingersoll St., Winnipeg; *Committee Conveners: Instructors Group*, Miss A. Carpenter, Children's Hospital, Winnipeg; *Social*, Mrs. W. S. McElheran, 969 Dominion St., Winnipeg; *Legislative*, Miss E. Wilson, 668 Bannatyne Ave., Winnipeg; *Membership*, Miss D. Earle, Victoria Hospital Winnipeg; *F.N.M. Loan Fund*, Miss Z. Beattie, St. Boniface Hospital; *Directory*, Miss Besant, Victoria Hospital, Winnipeg; *British Nurses Relief Fund*, Mrs. T. Hulme, 20 Waldron Apts. Winnipeg; *Visiting*, Mrs. W. Hryhorchuk, Grace Hospital, Winnipeg; *Representatives to: Council of Social Agencies*, Miss F. Robertson, 753 Wolseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin, 187 Kennedy St., Winnipeg; *The Canadian Nurse*, Miss L. Stewart, 168 Chestnut St., Winnipeg; *Local Council of Women*, Mrs. B. Moffatt, 1183 Dorchester Ave., Winnipeg; Executive Secretary and School of Nursing Advisor, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., Miss L. Bartsch; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss D. Parsons, Fredericton; Sister Anne de Parede, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Pollis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec. Treas.-Registrar, Miss Alma Law, Health Centre, Saint John; *Conveners of Sections: Hospital & School of Nursing*, Miss M. Myers; *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees: Legislation*, Miss B. L. Gregory; *Instruction*, Miss Boyd, St. Stephen; *The Canadian Nurse*, Miss H. Cahill.

## NOVA SCOTIA

### Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Vickers Lane, Sydney Mines; Sec. Vice-Pres., Miss Jane Watkins, 63 Henry St., Halifax; Third Vice-Pres., Miss A. E. Richardson, Blanchard-Fraser Memorial Hospital, Kentville; Rec. Sec., Miss Lillian Grady, Halifax Infirmary, Halifax;



Registrar - Treasurer - Corresponding Secretary, Miss Jean C. Dunning, 418 Dennis Bldg., Halifax; *Rep. to The Canadian Nurse*, Mrs. Dorothy Luscombe, 364 Spring Garden Rd., Halifax.

## ONTARIO

### Registered Nurses Association of Ontario

Pres., Miss Mildred I. Walker; First Vice-Pres., Miss J. Masten; Sec. Vice-Pres., Miss M. B. Anderson; Sec.-Treas., Miss Matilda E. Fitzgerald, Rm. 680, 86 Bloor St. W., Toronto; *Chairmen of Sections: Hospital & School of Nursing*, Miss L. D. Acton, Kingston General Hospital; *General Nursing*, Miss D. Ogilvie, 84 Gilchrist Ave., Ottawa; *Public Health*, Miss W. Ashplant, 807 Waterloo St., London; *Chairmen of Districts: Mrs. C. Salmon*, Miss M. Bliss, Miss M. Buchanan, Miss K. McNamara, Miss I. Shaw, Miss M. Crawford, Miss M. Stewart, Miss J. Smith, Miss M. Buss.

#### District 1

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#### Districts 2 and 3

Chairman, Miss M. F. Bliss; First Vice-Chairman, Mrs. K. Cowie; Sec.-Treas., Miss H. D. Muir, Brantford General Hospital; *Councillors: Misses E. Eby, F. McKenzie, C. Attwood, M. Grieve, L. Trusdale, G. Westbrook; Section Conveners: General Nursing*, Miss E. Clark; *Hospital & School of Nursing*, Miss J. Watson; *Public Health*, Miss M. Hackett.

#### District 4

Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; *Councillors: Sister Mary Grace, Misses Brewster, Cameron, Wright, Mrs. Day, N/S Boyd; Conveners: Hospital & School of Nursing*, Sr. Eileen; *Public Health*, Miss H. Snedden; *General Nursing*, Miss S. Murray; *Emergency Nursing*, Mrs. A. Haygarth.

#### District 5

Chairman, Miss K. McNamara; First Vice-Chairman, Miss P. Morrison; Sec.-Treas., Mrs. G. L. Williamson, 24 Drake Cres., Scarboro Bluffs; *Councillors: Misses I. Weirs, G. Jones, J. Mitchell, E. Grant, R. Russell, A. Reddon; Committee Conveners: General Nursing*, Miss M. Hughes; *Public Health*, Miss L. Pettigrew; *Hospital & School of Nursing*, Miss B. MacPhedran.

#### District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss E. Covert; Third Vice-Chairman, Miss E. Wright; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Conveners: Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Mrs. E. Brackenridge; *Public Health*, Miss H. McGeary; *Membership*, Miss N. Brown; *Enrolment*, Miss E. Meeks; *Finance*, Miss F. Fitzgerald.

#### District 7

Chairman, Miss M. Crawford; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors: Misses E. Freeman, V. Manders, Hanna, E. Moffatt, Gavan, Rev. Sr. Donovan; Conveners: Hospital &*

*School of Nursing*, Miss L. Acton; *General Nursing*, Miss E. MacLean; *Public Health*, Miss D. Storms; *Rep. to The Canadian Nurse*, Miss B. Coulter.

#### District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Miss J. Stock, 390 Chapel St., Ottawa; *Councillors: Misses I. Allen, L. Brulé, W. Cooke, V. Foran, M. Lowry, H. O'Meara; Conveners: Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *Public Health*, Miss C. Livingston; *General Nursing*, Miss F. Nevins; *Pembroke Chapter*, Mrs. B. Kipke; *Cornwall Chapter*, Miss M. McWhinnie; *Rep. to The Canadian Nurse*, Miss H. Tanner.

#### District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

#### District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss B. Roberts; Sec.-Treas., Miss D. Chedister, General Hospital, Port Arthur; *Councillor*, Miss A. Baillie; *Committee Conveners: Hospital & School of Nursing*, Miss M. Flanagan; *Public Health*, Miss E. Newson; *General Nursing*, Miss I. Morrison; *Program Committee: Misses V. Lovelace, H. MacNaughton.*

## PRINCE EDWARD ISLAND

### Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

## QUEBEC

### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honorary Secretary, Mlle Alice Albert; Honorary Treasurer, Miss Fanny Munroe; *Members without Office: Misses Marion Nash, Mary Ritchie, Mlles Maria Roy, Maria Beaumier, Annonciade Martineau; Advisory Board: Misses Jean Wilson, Marion Lindeburgh, Catherine M. Ferguson, Esther M. Beith, Rév. Soeur Marie de l'Eucharistie (Québec), Mlles Edna Lynch, Juliette Trudel; Conveners of Sections: General Nursing (French), Mlle Anne-Marie Robert, 5484 A St. Denis St., Montréal; Hospital & School of Nursing (English), Miss Winnifred MacLean, Royal Victoria Hospital, Montréal; Hospital & School of Nursing (French), Rév. Soeur Décarie, Hôpital Notre-Dame, Montréal; Public Health (English), Miss Kathleen Dickson, Royal Edward Institute, Montréal; Public Health (French), Mlle Marie Euphémie Cantin, 4642 St. Denis St. Montréal; Board of Examiners: Miss Mary Mathewson (convenor), Misses Norena S. Mackenzie, Madeleine Flander, Mlles Alexina Marchessault, Anysie Deland, Rév. Soeur Marie Claire Rheault;*

Executive Secretary, Registrar & Official School Visitor, Miss E. Frances Upton, Ste. 1019, Medical Arts Bldg., Montreal.

### SASKATCHEWAN

#### Saskatchewan Registered Nurses Association (Incorporated 1917)

Pres., Miss M. R. Diederichs, Regina Grey Nuns' Hospital; First Vice-Pres., Miss M. E. Ingham, Moose Jaw General Hospital; Sec. Vice-Pres., Miss E. R. Pearston, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Rev. Sister Hildegard, St. Elizabeth's Hospital, Humboldt; *Chairmen of Sections*: *General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; *Public Health*, Miss Gladys McDonald, 6 Mayfair

Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

#### Regina Registered Nurses Association

Hon. Pres. Sister Tougas; Pres., Miss M. McRae; First Vice-Pres., Miss D. Lewis; Sec. Vice-Pres. Mrs. Storey; Sec., Mrs. M. Stocker, 22 Qu'Appelle Apts.; Ass.-Sec., Miss V. Kiesel; Treas. & Registrar, Mrs. H. Regan; *Conveners*: *Registry*, Miss Grad; *Program*: Misses Sharp, Blackwood; *Membership*: Miss McLaughlin, Mrs. Racette; *Social*, Misses Wilkins, Brown; *General Nursing*, Miss Sissons; *Hospital & School of Nursing*, Miss Thompson; *Public Health*, Miss Riley; *Finance*, Mrs. Deverell; *War Services*, Miss Speltis; *Sick Nurses*, Misses Turnbull, Martin; *The Canadian Nurse*, Miss Winning.

## Alumnae Associations

### ALBERTA

#### A.A., Calgary General Hospital, Calgary

Hon. Pres., Misses S. Macdonald, A. Hebert; Hon. Members: Misses M. Moodie, J. Murphy, A. Casey; Pres. Mrs. A. Warrington; First Vice-Pres., Mrs. G. McPherson; Sec. Vice-Pres., Mrs. T. Ellis; Rec. Sec., Mrs. J. McIntyre; Corr. Sec., Miss J. Cumming, 288 Crescent Rd.; Treas., Mrs. B. Charles; *Membership*, Mrs. A. Wilson; Pres., Miss C. Rose.

#### A.A., Holy Cross Hospital, Calgary

President, Mrs. Cyril Holloway; First Vice-President, Mrs. D. Overand; Second Vice-President, Miss L. Aiken; Recording Secretary, Mrs. B. McAdam; Corresponding Secretary, Mrs. J. E. Hood, 211 Anderson Apts.; Treasurer, Mrs. E. Bragg.

#### A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Sr. M. O'Grady, Sr. F. Neuhausel; Pres., Miss E. Bietsch; First Vice-Pres., Mrs. R. Price; Corr. Sec., Miss J. Slavik, E.G.H.; Rec. Sec., Miss A. Stochinski; Treas., Miss E. Wallsmith; *Private Duty*, Miss M. Hozak; *Visiting Committee*: Misses Nelson, Deschatelets; *Standing Committee*: Misses Kuntz, Beaton, Barden, Ryan, Mrs. Lowing.

#### A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Miss Einarson; First Vice-Pres., Miss I. Johnson; Sec. Vice-Pres., Mrs. R. Boyd; Rec. Sec., Mrs. M. Hall; Corr. Sec., Mrs. W. White, R.A.H.; Treas., Miss F. Toby; *Committee Conveners*: *Program*, Mrs. J. White; *Visiting*, Miss T. Holm; *Social*, Miss K. Dunlop; *News Letter*, Miss A. Piercy; *Benefit*, Miss I. Johnson; *Scholarship*, Miss G. Allyn; *Executive*: Miss A. Anderson, Mmes J. F. Thompson, P. Baker.

#### A.A., University of Alberta Hospital, Edmonton

Hon. Pres., Miss Helen S. Peters; Pres., Miss G. Vickers; Vice-Pres., Miss A. Whybrow; Rec. Sec., Miss D. Russell; Corr. Sec. Mrs. N. Alexander, 11045-82nd Ave.; Treas. Miss M. Baxter; *Social Convener*, Mrs. F. Beddome; *Rep. to Press*, Mrs. N. Pound; *Executive Committee*: Misses M. Strachan, A. Revell, B. Sloane.

#### A.A., Lamont Public Hospital, Lamont

Honorary President, Miss F. E. Welsh, Gode-rich, Ont.; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrold; Secretary-Treas-

urer, Mrs. B. I. Love, Elk Island National Park, Lamont; *News Editor*, Mrs. Peterson, Hardisty; *Convener, Social Committee*, Miss Ada Sandell.

#### A.A., Vegreville General Hospital, Vegreville

Hon. President, Sister Anna Keohane; Hon. Vice-President, Sister J. Boisseau; President, Mrs. Stanley Walker, Vegreville; Vice-President, Mrs. Rennie Landry, Vegreville; Secretary-Treasurer, Miss Annie Askin, Box 218, Vegreville; *Visiting Committee* (chosen monthly).

### BRITISH COLUMBIA

#### A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Phillipe; Hon. Vice-Pres., Rev. Sr. M. Columbkille; Pres., Miss J. Mitchell; Vice-Pres., Mrs. F. Engby; Sec., Miss B. Falk, 3776-33 Ave. W; Treas., Miss E. Atterbine; Registrar, Miss Stewart; *Committee Conveners*: *Social*, Miss Walters; *Program*, Miss M. Bell; *Visiting*, Miss McCauley; *Mutual Benefit*, Miss McGee; *Press*, Miss N. Johnson; *Rep. to The Canadian Nurse*, Miss C. Bryant.

#### A.A., Vancouver General Hospital, Vancouver

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#### A.A., Royal Jubilee Hospital, Victoria

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A.A., Saint John General Hospital, Saint John

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A.A., Victoria General Hospital, Halifax

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., Public General Hospital, Chatham

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#### A.A., Riverdale Hospital, Toronto

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#### A.A., St. John's Hospital, Toronto

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#### A.A., St. Joseph's Hospital, Toronto

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#### A.A., St. Michael's Hospital, Toronto

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#### A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

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#### A.A., Ontario Hospital, New Toronto

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1942



# THE CANADIAN NURSE



The Nightingale Tree

Photograph by Cory M. Taylor  
See page 756



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## CONTENTS FOR OCTOBER, 1942

OUR NATIONAL DUTY	- - - - -	<i>M. Lindeburgh</i>	759
THE TREATMENT OF POLIOMYELITIS IN THE ACUTE STAGE	- - - - -	<i>A. E. Deacon, M.D.</i>	763
NURSING ASPECTS OF POLIOMYELITIS	- - - - -	<i>D. Parry and M. Flander</i>	767
APPRECIATION OF MISS HELEN LOCKE	- - - - -	- - - - -	766
FOOD IN A NATION AT WAR	- - - - -	<i>L. C. Pepper</i>	771
WITH THE CANADIAN ORTHOPAEDIC UNIT FOR SCOTLAND	- - - - -	- - - - -	774
LEAVES FROM ALBERTA PUBLIC HEALTH DIARIES	- - - - -	<i>B.A. Emerson and E.I. Stewart</i>	775
A WORD FROM THE PATIENT	- - - - -	<i>E. Wainwright</i>	778
NURSING SERVICE, R.C.A.M.C.	- - - - -	- - - - -	781
S.R.N.A. TRAVELLING EXHIBIT	- - - - -	<i>R. C. Christilaw</i>	782
AN EXPERIMENT IN RECRUITING	- - - - -	<i>V. Graham</i>	783
NURSING CARE IN PLASTIC SURGERY OF THE EXTERNAL GENITALIA	- - - - -	<i>H. Levenick</i>	785
NEW OFFICERS OF THE C.N.A.	- - - - -	- - - - -	787
NOTES FROM THE NATIONAL OFFICE	- - - - -	- - - - -	789
THE PUBLICITY CAMPAIGN	- - - - -	<i>K. W. Ellis</i>	791
L'ECOLE D'INFIRMIERES HYGIENISTES	- - - - -	- - - - -	794
SHEILA ANN MAKES HER DEBUT	- - - - -	<i>G. Switzer</i>	795
IN MEMORY OF CORY MABEL TAYLOR	- - - - -	<i>I. McDiarmid</i>	798
OBITUARIES	- - - - -	- - - - -	799
BOOK REVIEWS	- - - - -	- - - - -	803
NEWS NOTES	- - - - -	- - - - -	808
OFF DUTY	- - - - -	- - - - -	814

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## Reader's Guide

A broad interpretation of our national duty in these days of storm and stress comes from **Marion Lindeburgh** in her capacity as President of the Canadian Nurses Association. While emphasizing the importance of maintaining good standards, Miss Lindeburgh points out the necessity of flexibility in dealing with the critical situation which has arisen as a result of the difficulty of obtaining sufficient workers to keep the wheels turning.

A masterly symposium on poliomyelitis appeared in the June issue of *The Canadian Public Health Journal*. With the kind permission of the editor, the article dealing with the acute stage is reprinted in this issue. It was written by **Dr. A. E. Deacon**, attending orthopaedic surgeon of the Children's Hospital of Winnipeg. He pays generous tribute to Sister Elizabeth Kenny, the Australian nurse who discovered a more excellent way of treating this cruel and baffling disease.

The problem of the production and distribution of food in wartime is affecting our daily lives even in this land of abundant harvests. **Laura C. Pepper** is the Chief of the Consumer Section of the Federal Department of Agriculture and, because she knows whereof she speaks, deserves a careful hearing.

The Children's Hospital of Montreal recently had to cope with an outbreak of poliomyelitis. **Dora Parry** is the superintendent of nurses and **Madeleine Flander** is the instructress and from them we learn why skilled nursing care was possible even when the shortage of domestic help also became acute. The nursing staff responded magnificently, and so did the voluntary workers who "saved the situation by washing the dishes".

Proof that public health nursing in rural Alberta is still a thrilling pioneer adventure may be found in leaves from the

diaries of **Blanche Emerson** and **E. Irene Stewart** both of whom are members of the nursing staff of the Provincial Department of Public Health.

Interesting experiments in recruiting student nurses are jointly reported upon by **Vera Graham**, superintendent of nurses in the Montreal Homoeopathic Hospital and **Sister Anna**, superintendent of All Saints Hospital, Springhill, Nova Scotia. The co-operation of the Alumnae Associations and the student nurses was a notable feature.

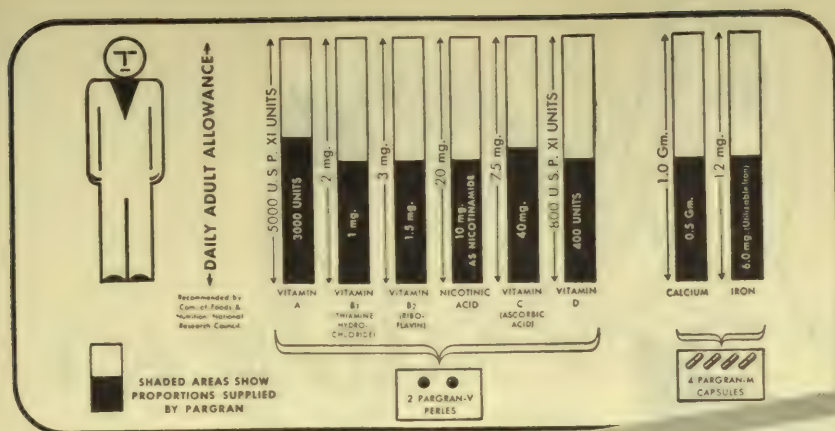
Under the caption of the General Nursing Page, **Edith Wainwright** has a word to say from a laywoman's point of view which ought to set us thinking. Mrs. Wainwright is a member of the Board of Education of Owen Sound, Ontario.

There are certain surgical procedures in which a favourable outcome depends upon skilled nursing care. **Helen Levenick** describes the methods used in the gynecological department of the Vancouver General Hospital where she is the head nurse.

An energetic publicity campaign is now being carried on in the press and over the radio under the auspices of the Canadian Nurses Association. In her capacity as Emergency Nursing Adviser, **Kathleen W. Ellis** tells us how we may help by persuading the members of the community to learn about the potentialities of nursing as an indispensable public service.

In the gardens of Embley Park there is a tree under which Florence Nightingale taught her Sunday School class. When the congress of the International Council of Nurses was held in Britain **Cory M. Taylor** wrote the story for the *Journal* and made the excellent photographs which illustrated it. One of the most beautiful was the picture of "the Nightingale Tree" which appears on the cover. It is placed there as a tribute to the memory of a sensitive and talented artist.





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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION  
VOLUME THIRTY-EIGHT

NUMBER TEN

OCTOBER 1942

## Our National Duty

*O Duty!*

*Who art a light to guide, a rod  
To check the erring and reprove;  
Thou, who art victory and law  
When empty terror overawe;  
From vain temptations dost set free,  
And calm'st the weary strife of frail  
humanity!* (Wordsworth)

Since the declaration of war three years ago, the Canadian Nurses Association has gone through various progressive stages of adjustment and reorganization. Those who were privileged to attend the General Meetings of 1940 and 1942, received the direct stimulation of an urgent challenge, and throughout the interval our national *Journal* has kept all members abreast of actual conditions, repercussions, recommendations, and measures which are being adopted to meet the emergency needs in a wartime nursing service.

The official report of the Emergency Nursing Adviser brings into clear focus an assembly of important recommendations which should be studied by all provincial Associations. Contained within these proposals are our goals for wartime and for the future of nursing. It is necessary to discriminate carefully in order to determine what are the most urgent needs within each Province, which, if partly or wholly solved, might simplify other problems which at the moment seem impossible of solution.

Our course of action has been charted, and we must now put our shoulder to the wheel. In our plan of action, we need to be fully aware of possible increasing demands. Nurses will continue to be called for overseas service; gaps must be filled and standards of nursing safeguarded. It might have been impossible, at this time of stress and strain, to make certain emergency ad-



justments because of the lack of financial resources, but that handicap has been eliminated to some degree through the action of the Federal Government. While the amount of financial aid which has been granted is minimum in relation to existing needs, it is sufficient to initiate an emergency programme, which, if effectively launched and carried out, may win public recognition and further financial support.

Now with a compass in our hands, and enough fuel to "get up steam," three main objectives are before us; the first is to stabilize nursing services in hospitals and in the community; the second is to control the problem of increasing shortage through measures which will bridge the gap between supply and demand; and the third is to undertake means through schools of nursing and university departments to maintain standards of nursing education.

The Provincial Associations are to be commended for the initiative they have shown since the emergency meeting of the Executive Committee of the Canadian Nurses Association a year ago. With recommendations carefully formulated by the Emergency Nursing Adviser founded upon first-hand knowledge of conditions in all of the provinces, and being in possession of additional financial aid, the next biennial period affords us greater opportunities for accomplishing.

The Government of Canada is introducing measures to ensure that the total man- and woman-power of the nation shall be fully utilized to win the war. All the professions, including that of nursing, will thus become an integral part of the wartime programme, and nurses have a very important role to play. The conservation of the health of industrial workers is greatly dependent upon a competent nursing service; the nursing of the sick and the wounded is

an essential service, and safeguarding the health of mothers and children is fundamental to the solidarity of the nation.

The participation of professional groups in an ordered national defence programme carries special significance. Each group within itself is an organized body, maintaining the right to determine its own requirements of preparation, to set its own standards of professional practice, and to encourage and undertake creative enterprise. The contribution, therefore, that the nursing profession can make to a nationally organized war programme should be characterized by stability and unity of purpose, and action within its own ranks, and it should at the same time manifest a willingness to co-operate in whatever plan is approved for the combination and co-ordination of all types of services, to bring about speedy and effective results. In whatever way nursing may be mobilized, let us not lose the great opportunity this war period affords us to increase our usefulness.

Nurses should at all times, and particularly in wartime, be imbued with a spirit of service, and they should voluntarily give their most and their best wherever and whenever they are most needed. This spirit of self-discipline which is characteristic of true professional service is not less than that which exists among the armed forces: nurses are soldiers too whether serving overseas or on the home front. The professional nurse, motivated by the right ideas, who sincerely believes in the cause of nursing and who honours her profession, displays the marks of the good soldier. She will not desert the ranks at a time of crisis, nor will she seek shelter, leaving others to face the hardships and the struggle. It takes noble women to "stand by" at a time like this. We must all be willing to accept the extra



load of responsibility, realizing that even the maximum of our combined efforts is insufficient to meet the increasing demands which are now being made upon nursing: "Give all thou canst; high Heaven rejects the lore of nicely calculated less or more."

There are many problems confronting the Canadian Nurses Association of which limitation of space will not permit discussion, but the most serious of these at the moment is the increasing shortage of bedside nurses, and of specially qualified personnel for positions of teaching and supervision. Public health organizations, as well as hospitals (small hospitals particularly) are being affected. What are the reasons for this shortage and what is the first step to be taken towards a possible solution of the problem?

With this question in mind, review the recommendations adopted at the General Meeting, and it is revealing to discover that practically all proposals directly or indirectly contribute to the solution of this major question.

The recommendation that approved schools of nursing increase their enrolment of students, under conditions of control, is already being put into practice. In this connection it is important to note that the Government grant allocated to the Provinces to be spent according to stated specifications, must show returns in a substantial additional enrolment of students. Provincial Associations will be requested to submit a statistical statement to this effect to the Government at a later date.

While focusing attention upon potential nursing power, it seems almost equally important that measures should be taken to stabilize and to conserve the time and energy of existing nursing personnel. Schools of nursing have a real responsibility in this connection. What is the cause of the general restlessness

and discontent in the general nursing group? The following provocative statements, relating to this situation, are contained in a recent issue of "Professional Nursing" which is sponsored by the American Nurses Association:

*Could it be because:*

Salaries of general staff nurses in your hospitals are far below those currently paid to nurses in public health including industry, or in other comparable occupations?

Hours of work of general staff nurses are long, or broken, contrary to today's general practice in the field of public health and in other occupations?

Opportunities for professional growth are not provided for nurses on your hospital staffs?

The defence programme has opened up more attractive opportunities to nurses elsewhere?

Civil service positions offer greater security and more attractive working conditions than do positions in non-official hospitals and agencies?

*Or, could it be because:*

Patients in your hospitals and community are encouraged in a lavish use of private duty nursing service?

Plans for careful year-round distribution of the skilled services of private duty nurses have not been worked out in your area?

*Or possibly because:*

More patients are seeking hospital care because they have hospitalization insurance, and hospitals are increasing their bed capacities without advance planning of nursing service?

*Or perhaps even because:*

Students in your nursing schools are encouraged to think they're being prepared for executive, supervisory or teaching positions, but not for the actual care of the sick?

*What would a careful analysis of nursing administrative and employment practices in your area reveal?*

Are these statements applicable in Canada, and if so, what can be done about it? What adjustments and measures could be adopted at once to improve the status of this group which would in time make general nursing in hospitals and staff duty in public health nursing organizations a satisfying career?

The most spectacular, time-consuming and costly part of the emergency nursing programme is our publicity campaign. The press, the radio and the screen are all being used to good purpose. The public is becoming awakened to the fact that nurses exist and that the service they are giving is not only of national significance, but is indispensable to the health and welfare of the Canadian people. It is necessary that parents and the public in general should think well of nurses and nursing if young women of the right calibre are to enter the nursing field in increasing numbers. Through effective publicity methods, a strong appeal is being made. As one nursing authority says: "Recruitment is the big job on all nursing fronts."

Provincial Associations are doing good work in getting their publicity programmes under way. The following excerpt from an appeal made by one provincial president in the local press strikes the right chord, and should make a favourable impression upon the general public, parents and public-spirited young women:

The country's need for a large force of nurses-in-the-making is imperative. Without nurses in the future, our wounded in the battle fields will remain unattended and our hospitals will be forced to close down. Our young women must come forward now, if this tragedy is to be averted. Too little is known about the modern training school for nurses, and few realize the opportunities which nursing gives to young women with health, ambition and a desire to do a public service.

While "stage" methods of publicity can be very productive, the most effective publicity is through the medium of the nurse herself. Through social and professional contacts, nurses can promote or destroy the interest, confidence and respect of the public in nursing. What nurses are, what they say and do, can serve as the greatest influence in drawing high school and university graduates into the profession. To the best of our ability let us endeavour to interest and to secure suitable recruits.

The degree of success which will accompany the efforts of the members of the Canadian Nurses Association during the next two years, will depend primarily upon our awareness of the seriousness of the present situation, as it may affect nurses, and consequently the service which only nurses can give. Results will also be dependent upon clearness of vision and sober judgment in deciding upon policies and action as a war measure. They may be in the nature of a compromise which will necessitate the temporary relinquishment of "approved" standards, but we must face the facts and make adjustments accordingly. If we are inflexible and insist upon adhering strictly to established administrative and educational policies, and in this way lessen or weaken the contribution we could and should make to a national defence programme, we are not responding to the appeal for a "total war effort." Flexibility is necessary, but it must be combined with insight and foresight. We must try not to jeopardize the improvements which have been made and the new standards which have been established, particularly since the Survey of Nursing Education in Canada. To sacrifice unnecessarily the standards of nursing education and service which have taken years to institute, would be disastrous, and we should justly be con-



demned by those who will follow us in the path of nursing history.

Where then are we going to begin to take action? School and hospital problems are becoming more acute; unless first aid treatment is undertaken immediately, there may be a permanent scar. Many of us can recall vividly nursing conditions during the last war; the adjustments, the reconstruction measures, the re-defining of objectives and expansion of services, which developed in the post-war period. Our present situation is analagous in many respects; again the challenge is great — even greater — but we have reason to believe that through determination, and strength of

brain and brawn, the integrity of nursing will survive. Miss Nutting has said: "The systems, methods and institutions we cherish today may fade and pass, but the developed mind and imagination of future nurses must be equal to the task of creating new ways, new ideas. I know but one foundation upon which the nursing of the future, with all its inspiring possibilities, can be safely built, and that is the educated minds and spirits of those whose work it will be."

MARION LINDEBURGH

*President*

*Canadian Nurses Association.*

## The Treatment of Poliomyelitis in the Acute Stage

A. E. DEACON, M.D.

Previous to the epidemic of 1941 we had focussed our entire attention on the muscles showing a flaccid paralysis. We believed that these muscles were flaccid because their motor cells in the anterior horns of the spinal cord had been injured or killed, and were no longer furnishing the flaccid muscles with motor nerve impulses to activate them. Recovery in the flaccid muscles was considered due to recovery in the damaged anterior horn motor cells, so we directed our treatment to the protection of the flaccid muscles during their period of temporary paralysis. We protected them from stretching and fatigue by splinting them in the relaxed position, and endeavoured to maintain their circulation and metabolism by radiant heat and massage. Deformities were believed to arise from contraction of the inefficiently opposed, supposedly unaffected

muscles, and the splinting was designed to prevent these supposedly healthy muscles from contracting. We had learned from experience that uninterrupted splinting led to a sort of "setting" in the relaxed muscles, and to stiffness in the joints. By removing the splints daily and passively moving the joints through their full range of motion, we were able to prevent the "setting" of the muscles and rigidity of the joints, but in many cases the deformities which we were trying to prevent did, in fact, arise, despite our best efforts.

Sister Elizabeth Kenny, of Australia, but now in the United States, visited us at the Children's Hospital and revolutionized our ideas on the symptomatology and treatment of acute anterior poliomyelitis. Her visit coincided with the height of the epidemic when we had in the Hospital a few cases in the acute

stage, and a number just a few weeks past the acute stage. These cases furnished excellent demonstration material. Miss Kenny demonstrated to our satisfaction that some of the supposedly healthy muscles were not unaffected by the disease but were in a state of spasm, and she showed us spasm in some of the muscles on every one of our patients. These spastic muscles were in each case the antagonists of the flaccid muscles. They were partially contracted and the patient could not voluntarily relax them to their full resting length although he could voluntarily further contract them. In the acute cases the patients complained of pain in the spastic muscles even at rest, while those just over the acute stage complained of pain when the spastic muscles were passively stretched. All complained of pain and tenderness on deep palpation of the spastic muscles. In the cases in the acute stage the whole spastic muscle was tender, but in the older cases the spasms were localized to definite areas. These localized spasms resembled cramps. They were tender to palpation, harder than the surrounding muscle, and felt stringy or fibrous. According to Miss Kenny, the spastic muscles are the ones directly affected by the disease in the central nervous system, and acute anterior poliomyelitis should be classed as spastic paralysis rather than a flaccid paralysis. The spastic paralysis develops first, and the flaccid paralysis is secondary, a result of the spastic paralysis.

Miss Kenny demonstrated her systematic examination for spasm which begins with the posterior neck muscles and extends downward to the muscles of the feet. It consists of a series of manoeuvres which passively stretch definite muscles, or groups of muscles, the presence of spasm being detected by the fact that the spastic muscles cannot be stretched to their full length, stretching

causes pain, and definite tender areas can be found in the spastic muscles. In one of our very acute cases the spasm in the left abdominal muscles was so severe that it appeared as a visible groove, and the patient was crying with pain in this area.

Miss Kenny considers the flaccid paralysis as mostly, if not entirely, functional in nature rather than due directly to the disease in the central nervous system. If one group of muscles is in spasm and cannot relax, the antagonistic group is prevented from fully contracting due to the brake-like action of the spastic muscles; any attempt at contraction of the non-spastic group stretches its antagonistic spastic group and increases the spasm and pain; a fear complex is set up and the patient refrains from using his non-spastic group; a functional break-down between the brain-control and the non-spastic group develops and the non-spastic muscles undergo a flaccid paralysis. According to Miss Kenny, the patient loses his mental awareness of these flaccid muscles, and the flaccid muscles become "alienated" from their brain control. We were astounded to see Miss Kenny cause patients to use flaccid muscles, which we had observed to be totally paralyzed, merely by restoring the patient's mental awareness of those muscles, and thus correcting their alienation.

The third thing Miss Kenny demonstrated was inco-ordination and muscle substitution. With a moderate degree of spasm in one group of muscles and flaccid paralysis in the antagonistic group, the patients could voluntarily move the joint in both directions but the movement was not smooth and co-ordinated but jerky and ataxic. Where spasm was preventing the active use of the antagonistic muscles the patients tried to substitute other muscles to perform the



action. For instance where the posterior neck muscles were in spasm, and the sterno-mastoids were flaccid, the patients invariably substituted the platysma for the sterno-mastoids in an effort to raise the head while lying in the supine position.

According to Miss Kenny, then, the three chief symptoms of acute anterior poliomyelitis are spasm, alienation, and muscle inco-ordination. Her treatment consists of relieving these symptoms in that order. The spasm is relaxed by applying hot fomentations to the spastic muscles as soon as possible, fomentations continuing until all the spasm is relaxed. Constant heat such as electric pads, radiant heat, continuous hot baths, or hot wax is not used because it is Miss Kenny's opinion that a varying temperature is better. It is supposed that the heat of the newly applied fomentations relaxes the muscle fibres to their full capacity, and that the cooling of the fomentations causes contraction of the muscle fibres. In this way the fibres are prevented from losing their ability to contract and relax.

The alienation is combated by retaining as far as possible the normal reflexes in the flaccid muscles, by restoring the patient's mental awareness to his alienated muscles, and by stimulating his flaccid muscles reflexly through their proprioceptive system. The patient's mental awareness of his alienated muscles is restored by fixing the patient's attention on the insertion of the alienated muscle and explaining to him the normal action of that muscle, or group of muscles. Sometimes this is sufficient to overcome the alienation and the patient immediately begins to use his formerly flaccid muscles. In other cases, the alienated muscles can be reflexly stimulated through stimulating the proprioceptive endings in the muscle, tendon, and joints by gently stretching the mus-

cles passively, and by passively moving the joints which they control. In several cases Miss Kenny caused the tendons of flaccid muscles to stand out by stretching the muscles and moving the joints they controlled. This she interpreted as evidence of increased muscle tone in response to physiological stimulation. The muscle inco-ordination she corrects by first correcting the spasm and alienation and then teaching the patients to make the movements slowly and smoothly by repeated exercises. She prevents attempts at muscle substitution by teaching the patients to keep their healthy muscles relaxed while trying to use the paralyzed muscles.

Miss Kenny has a very strong objection to the use of splints. She says that they are unnecessary because the alienated muscles do not require to be rested in the relaxed position and because a muscle imbalance without spasm will not produce contractures. She points out that they are harmful because they prevent the treatment of the spastic muscles by hot fomentations, they abolish most of the normal reflexes in the flaccid muscles, and they prevent the treatment of the alienated muscles. They also stretch the spastic muscles, and aggravate and perpetuate the spasm. They cause a disuse atrophy, weakness, and shortening in the alienated muscles, and a stiffness in the joints. According to Miss Kenny, the deformities arising out of an anterior poliomyelitis are wholly due to the spastic muscles. Since splints aggravate and perpetuate the spasms, they not only fail to prevent deformities but, in fact, help to produce them.

We were favourably impressed by Miss Kenny's demonstration and views on poliomyelitis. We could feel the spasm she demonstrated and see the effects they were producing. Moreover, we could detect them ourselves in other patients. We saw her correct aliena-

tion in a few minutes on our patients, which impressed us with the functional nature of the flaccid paralysis in those cases, and we clearly saw the inco-ordination and muscle substitution. After she left, we decided to put her method to the test and see how it worked in our hands and on our patients. We also decided to follow her methods as precisely as possible and to add or subtract nothing until we had thoroughly mastered her technique. We have followed this decision to date. Our beds are set up with the fracture boards, foot boards, hard mattress, and the trough for the heels. The patients are systematically examined for spasm, alienation, and inco-ordination. We have found spasm in some of the muscles in over five hundred cases arising out of the epidemic of 1941 and in some of the 1938 and 1937 cases. The stiffness of the neck and back in acute poliomyelitis has been recognized for years, but we think erroneously attributed to meningeal irritation. It has no resemblance to the stiffness seen in true meningitis, and is, in fact, a part of the spasm peculiar to poliomyelitis. Any of the skeletal muscles, or groups of muscles, may be spastic in poliomyelitis. We have frequently observed spasm in the posterior neck and back muscles, the trapezius, the pectoralis major and minor, the biceps humeri, the hamstrings, and the calf muscles; and less frequently in the muscles of the abdominal wall, the extensors of the hands and feet, and the interossei. Wherever spasm was found it was treated by hot fomentations and in most of our cases the spasms have relaxed after the application of the fomentations. We have noted a number of instances where the spasms have returned with the beginning of activity and have had to be again relieved by more fomenta-

tions. We are firmly convinced that the spasms are the cause of the deformities. We have not seen one deformity, not even a foot drop, develop in patients under treatment despite the fact that no splints have been used. On the other hand, we have found spasm in every case that came for treatment weeks or months after the acute stage and presented deformities, and we have seen these deformities correct themselves when the spasms were relaxed by hot fomentations.

In a few cases we have been able immediately to correct alienation by Miss Kenny's method, but in most cases it has taken a matter of weeks, and sometimes months. Apparently the longer the alienation has existed, the more difficult it is to correct. We do not doubt that in some cases with severe and widespread damage in the spinal cord the flaccid paralysis is due to destruction of anterior horn cells, and therefore permanent; but we are convinced that in most cases there is a large functional element and that the flaccid muscles are indeed alienated from their brain control. We also feel that the time and effort devoted to the correction of the inco-ordination and muscle substitution have been well rewarded.

Miss Kenny's technique of examination and treatment has been carried out as meticulously as possible in this Hospital since August, 1941. We have found it to produce better results than any method we have hitherto used. Until some better way is found this is the method we will use for our patients of future epidemics.

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# Nursing Aspects of Poliomyelitis

DORA PARRY *and* MADELEINE FLANDER

When it became apparent that an outbreak of poliomyelitis was imminent in Montreal it was decided that the Children's Memorial Hospital would set aside a special ward for the treatment of these children. A ward previously used for rheumatic cases was chosen because the physical set-up was such that few alterations were required to transform it into a working unit. The ward was emptied overnight and twenty-five beds made ready for new admissions. Three respirators were set up but so far it has not been necessary to use them because patients with respiratory distress have been treated by the method described in this article.

A sterilizer was installed which could be used for preparing fomentations. A clothes wringer was clamped to one side and large holding forceps were used to handle the blankets. Old blankets were obtained from the linen room and cut into pieces of varying sizes and shapes. When this supply began to diminish, doctors and other friends provided more. Rubber sheeting and dry blankets were used to cover and secure the fomentations. The adjacent dressing room was set up so that it could be used for lumbar puncture, blood transfusions, and intravenous glucose. All these were kept in constant readiness and one preparation tray was kept sterile. Other equipment was ready in autoclaved sets. Isolation technique was maintained and included the disinfection of excreta. All dry refuse was burned and liquid waste was also disinfected.

Upon admission each patient immediately came under the supervision of the physiotherapy department and there were at least four and often more physio-

therapists working on the ward during the greater part of the day. A bath, especially designed for hydrotherapy treatment, was installed for the use of the older children, and the ordinary bath tubs which were already available were used for the smaller children. Each patient was laid flat on a firm mattress under which a fracture-board was placed. To give space between the mattress and the foot of the bed the mattress is pulled up about four inches, passing underneath the first cross-bar of the frame at the head of the bed. In some instances a short cot-mattress was used on a full-size bed. A foot-board was made for each bed consisting of two boards each of which was equal in length to the width of the bed, and was about fourteen inches wide. These boards are attached to one another at right-angles by an ordinary shelf-bracket fastened at each end. The foot-board is placed so that one surface rests on the springs of the bed coming just underneath the mattress; the other surface rests against the frame of the foot of the bed and extends slightly above it. A four-inch wooden cube was placed at each of the two corners of the mattress between it and the foot-board. These act as wedges and prevent the mattress from slipping downwards. The upper sheet was arranged over the top of the foot-board so as to avoid touching the toes. The space provided either by pulling up the mattress at the head of the bed, or by using a short mattress on a standard bed, provides a trough in which the heels may rest, thus avoiding pressure.

Upon admission a child was bathed and wrapped in his woollen blanket to

await the initial treatment consisting of lumbar puncture for confirmation of diagnosis, blood transfusion, and an intravenous of 25 percent glucose. When placed in bed, each child was taught to lie flat with his arms at the side of his body, and his feet pressing against the foot-board as though he were pretending to walk up it. The phrase "walking up the board" was repeated to the child many times daily so as to give a positive mental suggestion of walking.

In order to relieve the spasm of the muscles, which is one of the characteristics of this disease, most of the children were given continuous fomentations night and day immediately following their admission. Muscles on the surface of the body may be actually observed while in spasm; they become extremely tense and appear hard and cord-like to the touch. This spasm is usually relieved by the application of fomentations but is aggravated by pressure or movement. The physiotherapist, working very closely with the doctor at all times, indicated the areas which were to be fomented and the packs were changed often enough to keep them warm. Three gallons of water were put into the sterilizer and eight ounces of boracic crystals were added. The addition of these crystals prevented the skin rashes which occurred when plain water was used. As the child improved the packs were given only three times daily for about two hours at a time until the spasm of the muscles was relieved. In other cases, fomentations were applied at intervals of two hours both day and night. When the patient was removed from the pack the body was dried and the child was left in the dry woollen blanket for about half an hour. A few of the older children disliked the sensation of the woollen blanket, particularly on the back, but they were never troublesome about it.

Routine nursing care was simplified as much as possible because the application of the fomentations took so much of the nurses' time. The children were fed, or were allowed to feed themselves, according to the directions of the doctor and the physiotherapist. Extra fluids were given while the packs were being applied because perspiration was usually profuse. The patients remained flat on their backs most of the time but, two or three times daily, they were turned onto the face for a few minutes with the feet hanging over the edge of the mattress. This change of position afforded a short rest or an opportunity for applying fomentations to the back.

Those children who suffered considerable pain in the hamstrings and the muscles of the calves of the legs, or in the abdominal muscles, were made as comfortable as possible by placing pillows under the knees. As soon as the muscle spasm and pain were relieved the legs were gradually placed flat on the mattress in the position already described. Most of the children accepted the packs very well and lay quietly enough. In the initial stages of the disease when, due to spasm, the muscles are hard and tight, severe pain is caused by movement or even by the gentlest touch; nevertheless the patients were so much relieved by the application of fomentations that they often slept through the changing of the pack. At this same stage extreme nervous irritability is usually present but in most instances this, too, was noticeably lessened. In a short time the crying would cease and it was not uncommon to walk into the ward and find the children singing. When the arms and hands were not involved the children were allowed suitable play activities. An older boy, admitted several days after the onset of a bulbar paralysis, said that the hot packs relieved his difficulty in breathing almost immediately.



He required feeding by gavage as he was unable to swallow. However, he has done very well and the respirator was not used. One child of seven was very difficult to manage in spite of extensive involvement. His family history was one of strife and emotional difficulty at home. To keep him in his pack required the greater part of the time of one nurse.

This description of treatment by fomentation makes it clear that it involves a very great deal of work. Finally a time came when there were not enough nurses to carry on, even though every

procedure had been simplified as much as possible. The Hospital, therefore, approached the Women's Voluntary Service Centre Hospital Brigade for volunteer help. The response was most gratifying and four workers reported for duty each morning and were relieved by four additional workers in the afternoon. All these volunteers were over forty-five years of age. They helped to apply the fomentations and to feed the children and when domestic help failed completely they saved the situation by washing the dishes.

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## Appreciation of Miss Helen Locke

In this brief appreciation of Miss Locke, written for *The Canadian Nurse* following her retirement from the Toronto General Hospital, it is not the intention to give a biographical sketch, either personal or professional, but rather to speak of the intrinsic beauty of her character, so well known to her contemporaries and the students who have passed through the school in the last quarter of a century.

In the realm of the spirit, Miss Locke has been a great leader. She has never preached, but has consistently practised the great fundamental principles of the Christian religion. Her shining faith in God has illumined her road through all the years since she came in 1913 to the Toronto General Hospital Training School for Nurses as assistant to Miss Jean I. Gunn, the superintendent.

Human nature is such a strange mixture of bad and good, that, in appraising most people, we can judge only by their preponderating qualities. But Miss Locke has a clear and positive selflessness and

from this stream there stem such virtues as loyalty, steadfastness and kindness—the qualities which give life pur-



*Photo by Randolph Macdonald, Toronto*

HELEN G. R. LOCKE

pose and meaning and which constitute real strength.

The idealist is usually the most practical of all people, popular opinion to the contrary. This is indubitably true of Miss Locke. She has been a shrewd administrator, as those behind the scenes are well aware. She has never been ambitious for public acclaim, but her vigilant work in the background has been of inestimable importance to the Training School and to the Hospital.

No one would acknowledge this more readily than her friend and chief, Miss Gunn. Indeed, the strong bond which united these two nurses is one of those rare and beautiful things which we find all too seldom. They trained together in the Presbyterian Hospital, New York, and, after Miss Gunn was appointed Superintendent of Nurses in 1913, she sent for Miss Locke to come as her Assistant. Through all those years they worked together professionally in harmony, and their friendship deepened and strengthened. In the last difficult days of Miss Gunn's life, Miss Locke carried the responsibility of the training-school and hospital, and, at the same time, was a constant source of cheer and comfort to Miss Gunn personally.

After Miss Gunn's death, Miss Locke did not even allow herself the luxury of mourning, for she felt that a continued atmosphere of gloom would be very bad for the students and staff. So, with sound common sense, she threw herself whole-heartedly into the festivities of the first school party that occurred afterwards.

It would be impossible to enumerate

all Miss Locke's kindnesses to those who are shut away from normal activities because of illness but it is well known that most of her off-duty hours are regularly spent in visits to them. Telephone calls of reassurance to the households of patients were never a burden to her and so one could go on enumerating,

*That best portion of a good man's life  
His little nameless, unremembered acts  
of kindness and of love.*

Like all people who are well-adjusted to life, Miss Locke radiates happiness. Her sense of humour is very strong, and makes her always "good company".

As a tangible sign of their appreciation, the Alumnae Association gave Miss Locke, as a parting gift, a Victory bond for a thousand dollars and entertained her at an afternoon and evening reception in the residence.

Miss Locke has now gone to live with a devoted sister in Melbourn, Quebec, in surroundings that she loves. Her particular niche can never be filled but, while missing her sorely, all her friends rejoice over her happy retirement at a time when, we hope, there lie ahead many happy years of leisure.

In conclusion, let us quote Kipling's version of praise for famous men (and women) which seems particularly appropriate for Miss Locke :

*Let us now praise famous men  
Ancients of the College;  
For they taught us common sense,  
Tried to teach us common sense,  
Truth and God's Own Common Sense,  
Which is more than Knowledge!*

—J. E. B.



# Food in a Nation at War

LAURA C. PEPPER

Food has a new importance after nearly three years of war and the economy of this country is so inter-related with the economy of the Allies that war in the Libyan desert and the North Atlantic, war in Australia and the jungles of Burma, is now affecting the diet of Canadians. In 1942, the people of this country have a double responsibility. They must share their food with the United Nations and they must also educate themselves in the nutritional field so that they can get the greatest value out of the food at their disposal and so achieve efficiency through good health. This second duty involves, as well as a knowledge of nutrition, a knowledge of markets and a price-consciousness.

Evidence that all is not well with the Canadian diet is contained in the high percentage of rejections in the recruits for military service. Almost 43 percent of all men examined are being declared physically unfit. This bears out the results of dietary surveys which were completed in 1939 in the four Canadian cities of Halifax, Quebec, Toronto and Edmonton. These studies showed wide-spread deficiencies especially of the B vitamins, Vitamin C, calcium, iron and Vitamin A. These deficiencies were not so marked as to be the direct cause of illness in most cases but were severe enough to handicap the health and strength of the families studied. Analysis of the results showed that the father was the best fed member of the family; babies and young children came next and teen-age children and the others were the worst fed. It therefore seems that families recognized the importance of health for the wage-earner and that the many programs that have been carried

on in infant nutrition have helped to make mothers realize the importance of proper food for growth. That the tremendously high requirements of the teen-age child have not been properly realized is born out by the fact that many of the rejected recruits were drawn from that age group.

In November 1941, realizing the importance of physical fitness in a nation at war, the government established Nutrition Services, in the Department of Pensions and National Health. This Service, which is directed by Dr. L. B. Pett, has been making a survey of the diets of workers in war industries and has given advice and suggestions for their improvement. Then, to, nutrition committees have been set up in most Canadian provinces and every effort is being made, through nutrition services, to co-ordinate the programs across Canada and to make communities nutrition-conscious. It is hoped that a knowledge of good nutrition will make it possible for Canadians to substitute foods intelligently if, through war shortages, substitution becomes necessary.

To get the right foods, it is necessary to know not only what to buy but how to buy it, and it is in this connection that the Consumer Section of the Department of Agriculture can be of assistance. This Section is interested not only in the marketing and preparation of food, but also in available supplies and quality. In this war Canadians realize that their dietary problems are largely a question of eating sufficient quantities of the right kind of food, and not primarily a question of shortages of certain foods as was the case in the last war which resulted in meatless and wheatless

days. The Consumer Section is interested in conservation in its broadest sense and every effort is made to help Canadian women make the best use of national products, whether in war or in peace.

Both nutrition and marketing are very closely linked with the subject of price-control. The Consumer Branch of the Wartime Prices and Trade Board has asked women to co-operate in maintaining the price ceiling and preventing inflation which would make it impossible for the housewife to buy enough foods to nourish her family properly. Nutrition programs become merely paper plans unless price control keeps some check on the spiral of inflation which it was feared would be an inevitable consequence of war. It is not enough that prices be kept steady, if the quality of the goods sold deteriorates. In the realm of food, the public is protected in this matter by the excellent system of grading and labelling which has been worked out by the Department of Agriculture and the Department of Pensions and National Health.

The primary function of agriculture has always been to produce foods for Canadians. Added to this at present is the gigantic task of producing food for Britain. Germany, as early as 1936, realized that food was a weapon of defence and prices were controlled so that more nutritious foods were cheaper than those less essential to health. Britain, since the war, has considered food values as well as shipping space. The importance of the B vitamins has been realized and national whole-meal flour has been widely promoted so that the most could be made of Britain's wheat imports and the health of her people benefitted. Although Canada is fortunate in not having to worry about a wheat shortage, her government has recognized the need for getting the best value

from Canadian foods and has recently helped to develop a new milling process by which Vitamin B white flour (Canada Approved) is on the market and will help to increase the B vitamins in Canadian diets. When it is realized that 80 percent of the Canadian diets studied were low in the B vitamins, the importance of this step becomes apparent.

Britain's chief demands are for the protein foods which are necessary for growth and the maintenance of body tissue. Canadian agriculture has met these requirements and in some cases has shipped more than that for which contracts were made. The largest contract was for bacon, and for other pork products which supplied both protein and fats for the British diet. The present contract, to be completed before September 30, 1942, is for a minimum of 600,000,000 pounds. In order to fill this contract it has been necessary to restrict the domestic consumption of pork by 50 percent. British contracts call for Wiltshire sides but pork tenderloin, heads, jowls, spare ribs and trimmings are not used for export. Certain quantities of other cuts and some bacon is also available for home consumption because, while of excellent quality, they do not fulfil export requirements. Dairy products have also been shipped to Britain. The most important in this group is cheese. The present contract is for 125,000,000 pounds but production is well ahead of last year and it is hoped that it will not be necessary further to restrict the Canadian market. Cheese has been on Canadian grocery shelves since the shipments to Britain began, but not in the amounts and kinds that were available in pre-war days. Evaporated milk has also been sent overseas in quantity and last year 685,000 cases were shipped. Before the war, something over one million eggs were supplied annually to Great Britain but



this trade has greatly increased. Since February of this year, all eggs have been shipped in powdered form to conserve space. Thirty dozen eggs weigh only ten pounds in this form and it is expected that Britain will take approximately 45,000,000 dozen this year.

Some of the staple exports of former years have been war casualties — among these are apples. It is hoped, however, that arrangements will be made to ship large quantities of dried apples from the 1942 crop. Other contracts or arrangements for the third year of war include honey, canned tomatoes, onions and fruits preserved in a special solution for processing in Great Britain. It is not only agricultural products which are needed overseas, however. This year the Department of Fisheries has allocated its entire salmon and herring pack to the mother country which last year was supplied with 1,500,000 cases of salmon and 1,000,000 cases of herring. All Canadians do not have a part to play in producing this food for Britain, but they can greatly assist in its proper distribution by watching for food reports in the press and co-operating with the government by limiting consumption of those foods that are required to complete shipping contracts. Each person can also contribute to the success of the war effort by improving his, or her, own nutritional status by following rules for good nutrition and buying intelligently. Guess-work in buying soon becomes expensive. It is now the duty of every Canadian to buy more food having nutritional value, and spend less on food accessories, such as spices, flavoring and condiments that merely appeal to the appetite.

Food rationing, up to the present, has not affected the nutritional value of diets in this country. Too high a proportion of the energy value of present-day diets has come from the "unprotective

calories" — white bread, sugar and other sweets. Sugar rationing means that more whole-grain cereals, more fruits and more vegetables can be included in menus. Tea and coffee, which act as mild stimulants, have no food value in themselves. The Nutrition Services in the Department of Pensions and National Health recommend that the following foods be included in meals every day:

*Milk*:  $1\frac{1}{2}$  pints to 1 quart for children;  $\frac{1}{2}$  pint to 1 pint for adults.

*Vegetables*: two servings daily besides potatoes; one leafy or raw vegetable if possible; use green and yellow vegetables often.

*Meat*: at least one serving daily of meat, poultry, fish or cheese; liver, heart and kidney are especially rich in vitamins and minerals should be included at least once a week.

*Fruit*: two servings daily of fresh or canned fruit; one of these servings should be tomato or citrus fruit.

*Cereal*: one serving of whole grain cereal daily; bread should be whole grain of the new vitamin rich white or brown, (Canada approved.)

*Eggs*: one daily if possible, or at least three to four times a week.

*Butter*: at least two tablespoons daily.

*Sweets*: may be added as needed and plenty of water—four to six glasses daily.

Canadians are fortunate in that all the foods essential to health can be produced in their own country. In the post-war world it is likely that much of the food that is now being diverted to Britain will be available for home consumption so that with a proper knowledge of nutrition the people of Canada will be in a splendid position to attain health through good eating habits. With this new knowledge they should also see the necessity of guiding production into channels that will produce foods essential for nutrition and not just for flavour and appetite appeasement. History has

shown that out of all the destruction of war some good does accrue. One of the most important developments in a nation at war is the critical evaluation of the country's habits. If this new critical

faculty can be directed to the problem of nutrition the time and effort that is being spent on nutrition programs today will bear dividends for future generations of Canadians.

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### With the Canadian Orthopaedic Unit for Scotland

The *Journal* is indebted to Miss Jean E. Browne for permission to publish extracts from a letter written by Miss Mary Earnshaw now on duty in the Hairmyres Hospital, in Scotland, with the Canadian Orthopaedic Unit:

I am sitting in my room listening to the birds singing. The evenings are the nicest part of the day — ideal for cycling and tennis. The countryside is fresh and green and in our tours we find all kinds of wild flowers. I believe Miss Hunter discovered a place to pick watercress but she hasn't disclosed her secret yet! However we have a small garden outside which the gardener is going to plant with lettuce and onions and which no doubt it will be our duty to weed. We should be in fine trim as we have all developed into regular out-door girls.

Life seems to get more interesting and enjoyable — which seems rather ironic in view of the fact that we are here under such sad circumstances. We are busy enough at work and our wards are usually full so perhaps we are entitled to enjoy all the very many pleasant things that come our way when off duty. Miss Tinkiss, Miss Kemp and I went to London for a week and had a wonderful holiday. Just being there was a thrill in itself and seeing all the lovely old buildings and beautiful gardens was even more thrilling. The British people are carrying on wonderfully and I am certainly proud to be helping a little.

On my next leave I think I shall explore the quieter parts, for from what we saw of the English countryside it seemed so lovely and peaceful. It does seem strange to describe

England as peaceful during wartime but of course things are much quieter now than a year ago. Nevertheless everyone is working along quietly and methodically, each at his own task however small. It is a constant source of wonder and admiration to me to see the way that good and bad fortune are alike accepted by all.

Our work — of course the work of the doctors primarily — is progressing very well, and with excellent results. We are always pleased and proud to patch up broken limbs that have been stubborn elsewhere! Most of us are fortunate in having friends or brothers or cousins in the services and not many days pass without having a Canadian visitor in our "Canada House". The two ambulance drivers at Hairmyres dubbed it as such, and the name sticks. These two girls — Pat and Pen — are our most regular ones. (They like our coffee). We have visited their homes and also often have invitations to other homes in the district. I hope we don't become too settled down here!

This week we were asked to join in a parade for the Jackton Warship Week. Twelve of us joined in, including Miss Hunter, and quite enjoyed it. We rode home in style on the Hairmyres Fire Engine, hair flying most unprofessionally.

Mail from home continues to come along regularly and is always welcome. We don't lack "goodies" of all kinds but our chief problem seems to be wondering where our next pair of white stockings will come from. However we usually drop hints to the folks at home and hope for results! We are very grateful for all the supplies which have been sent from the Red Cross. They are certainly very much appreciated.



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## PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

### Leaves from Alberta Public Health Diaries

BLANCHE A. EMERSON *and* E. IRENE STEWART

I felt heartily ashamed of myself to-day. I was called to see a man, aged 62 years, suffering from intestinal flu. His mother, aged 86 years, keeps house for him and to get help she walked a mile over a stretch of very rough road. The house was as neat as could be, lovely braided rugs and homemade quilts adding to its attractiveness. The mother was small in stature and weighed about a hundred pounds. She moves quickly and is far more alert than many half her age. She insisted upon getting something to eat and, as if by magic, an appetizing meal was spread in front of me. Her son's illness added to her work and I marvelled at all she accomplished and remarked that I did not know how she could do it. She smiled and said, "He is my boy, it makes a difference, doesn't it?" I had travelled in a wagon over very rough roads in order to make that visit and was full of aches and pains and self-pity. No wonder I felt ashamed. The trip home was a pleasure, the scenery beautiful. I was doing my chosen work, and it *did* make a difference.

One night last winter there was pounding on the door and a shout — "Come quick, nurse, my missus is getting a baby." I crawled out of my warm bed, put on a thin cotton dress that could be comfortably tucked into my ski suit and

later covered by a clean white gown. Sweater, jacket, mocassins, heavy socks, a toque and mittens were hastily donned and we were off. The thermometer registered 40 below zero, and we had fifteen miles to go, which meant riding a mile, and running a mile to keep the blood circulating. At last we reached the two-roomed house, the front room occupied by three wide-eyed frightened youngsters, greatly relieved to see Daddy back with the nurse. They were evidently disappointed that the nurse did not look like the one in the magazines, for one of them whispered, "She looks just like a mother."

After removing my outer garments and donning the gown, I stepped into the second room. It was a tiny one and the double bed filled half of it. On it lay the mother busy with her task of bringing a new life into the world. The other half was filled with cabbages! Cabbages piled high to the ceiling. The patient is the champion sourkraut maker in the district, and all the neighbours bring their cabbages to her. She had, alas, made a slight miscalculation this time. The children, now their father had returned, slept peacefully in the other room. Father tended the fires and looked after the water supply. At last, all was over and another little baby

had arrived safely into the world. I had to call the father to come and take the infant. I could not move for I had learned my lesson. If you kick one cabbage that gets in your way, you have ten cabbages where one had been before, and if you try to move ten cabbages on the edge of a pile, you are immediately surrounded. I know that successful nursing can go on under unbelievable conditions, but for just a moment I had my doubts, for, as I glanced at that wee baby's tiny head, I could have sworn it looked just like a cabbage!

Mrs. S. came to the clinic the other day with her five-year-old son. She said he had enuresis and she had tried in every way to help him overcome the trouble but without success. As I was very busy, and Mrs. S. couldn't wait, I suggested that in the meantime she give the child some soda bicarbonate and return later when we could go into the matter carefully. She returned today and said that when she got home she gave the soda bicarbonate as requested, and he looked up at her and said, "The nurse says I'll never wet my panties again if I take this" — and he hadn't! What a break! Having conscientiously read over a period of years everything I could lay my hands on regarding behaviour problems in connection with enuresis and never having been able to see where one left off and the other began—still in the dark! Oh, well, it was just one of those little things that give us public health nurses the courage to carry on.

The mysterious Mrs. K. (or was it Miss?) passed on today. The Mountie whose duty it is, in the absence of a medical man, to pronounce a person dead, was away on a serious piece of work and sent a message asking me if I would perform this service for him. I had heard of Mrs. K. long before I

caught a glimpse of her. First she kept house for this bachelor, then moved on to another one. Where she came from, where her family were, no one seemed to know. She guarded her secret well to the very end. I travelled a great many miles to what seemed to me to be one of the remote outposts of civilization and found a sort of wake being carried on by some of the men in the district. Death had not touched them for many years, and somehow the keen edge had to be dulled a bit. They spoke kindly of the little lady and asked me to go through her belongings. In her cupboard I found gowns with Paris labels on them, old maybe, and out of date, but bearing evidence of former loveliness. And there was a very pretty down comforter on her bed. When I dressed her in the prettiest gown and laid her on that soft comforter which completely lined the crude box that had been hastily prepared for her . . . well, somehow, the beauty of the gown and softness of the comforter made the task a little easier.

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*Editor's Note :* The "leaves" from Miss Blanche Emerson's diary come to an end at this point. They are followed by these excerpts from a letter written by Miss Irene Stewart to her parents describing her experiences during a flood which caused great damage in her district:

By this time you have read the newspaper account of the flood at Whitecourt. It was a terrible flood and I was caught in it but fortunately just at the edge of the flooded area. I was going down on the river flat, seven miles from town, to make the first post-natal visit to a patient whom I had confined and started out with one of the men who lived in the river flat, across from my patient. On the way out we met some of his neighbours who were moving up to the hills, temporarily, taking their stock



with them. They told us there was some water on the road, but that we could still reach our destination. I decided that the thing to do was to get on as quickly as possible and help move my patient and family from their home which would certainly be in danger if the water rose higher. While we were within a mile and a half there was considerable water on the road so we unhitched the horses and went on horseback. We sent a girl back to town on horseback to ask some of the men to come out with a boat in case we should not be able to get my patient out in any other way. About half a mile further on, the water was much deeper, and we realized it was rising quickly. The horses began to swim and we decided to turn back. The horses were headed for home and wouldn't turn back—they seemed to get excited, too. Somehow my horse got ahead and when I looked back, my companion was struggling with his horse, trying to get back on him again. Finally the man struggled over to the fence and I tried several times to turn my horse back with no success. He seemed to be trying to get me off his back, which he finally did, landing me in the icy water, too deep to touch bottom. Was I ever glad I could swim, although it wasn't easy with my heavy clothing on. I was fairly near the fence and had only a few strokes to swim to a spot of ground where I could stand and hang on to the fence. I looked in the direction the horses were going. There were huge chunks of ice tearing along in the swift stream quite near the house we were trying to get to. It was horrible to think of the families down there, knowing we couldn't do anything.

We followed the fence back to the nearest house which had been vacated by the family we met on our way out.

Wading in ice water is no joke, and even though it was only about half a mile, it seemed much further. The water was flowing so rapidly down the road, just like a river. We could never have made any progress without having the fence to follow, only the top strand was above water. It must have taken us nearly an hour and a half just to get out of the flooded area to the house. It had about a foot of water in it. The man who owned it had come back as he realized the jam had broken and the water was going down. He found us some dry clothes and cooked bacon and eggs and made coffee for us.

The men arrived from town with a wagon, a team of mules and a boat. It was dreadful to sit there and wait but it wasn't safe to start as the water was still too high. It was about two hours before they finally brought my patient out, on a mattress, in the boat. To my amazement her clothing was quite dry and she was trying to keep as calm as possible.

While we were waiting for the boat to go back again for the children, I got something for my patient to eat, and heard her story of the flood. When the water started to rise, her husband got the family moved up into the attic with the help of a neighbour girl. There were four children besides the new baby. They were up there for about three hours and didn't even have time to take any food with them. It certainly was not the best treatment for a maternity patient, but she seemed to be no worse for her awful experience. It was a great relief to get the mother and baby comfortably settled in a warm, dry home. The poor little kiddies were so tired and cold, but never complained once. They were taken to different homes where they were well looked after.

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## GENERAL NURSING

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Contributed by the General Nursing Section of the Canadian Nurses Association

### A Word from the Patient

EDITH WAINWRIGHT

I should like to call this article "I am the patient", because I speak solely as a lay woman. I am not a nurse—in fact I never cease to be amazed and impressed by your mechanical training, I look in awe on a bed being made with corners at right angles with such a nice little pleat in the blanket for your toes, a pillow tucked in at the bottom for your feet as well as many neatly piled rectangles of down for your aching head, each in its appointed place. I marvel at a bath in bed without a drop of water spilt and I never cease to enjoy a back-rub from cool, strong hands. These things are your duty, but they are mechanical—anyone can do them or be trained to—that is not really what makes a good nurse or otherwise.

It is not what you give physically; hard work never hurt anyone and there is no physical tiredness that a good night's sleep won't wipe out. It is what you give mentally to your patient that makes you weary at the end of a case but that makes you a good or an indifferent nurse. To anticipate what your patient wants, and how and when and where he wants it—to judge whether he wants to be fussed over or left alone—whether he likes a "Well, how are you this morning" or whether he would prefer you to find out the state of his health from his

chart and say nothing. What's one man's meat is another's poison and like a chameleon, you must change your colour to suit your environment. Body and mind are so closely linked that when the body is sick the mind can't be normal. Like a psychiatrist, you must unravel the oddities that settle down on your patient. The usually cheery soul, becomes an impatient fellow for the time being, and the only weapon for you, in defence, is the evenness of your own mind and a never-failing sense of humour. A sense of humour is courage of the most gallant type. I don't mean a giggly constant dribble of forced cheerfulness. I mean a quiet courage that rises above an episode or situation and places both exactly where they belong.

You have forced upon you the doubtful privilege of seeing people, not as the outside world sees them, but as they really are, with the varnish rubbed off, when vitality is low. What you see, and what you hear is a sacred trust and not your property to pass on, or to repeat. That oath of silence that you take should be revered and cherished above all your duties to your patient. Better, by far, to have a bed badly made, or a wrinkled sheet, than a confidence betrayed. People ask questions that are none of their concern. But there is a phrase under cover of



which, you can always take refuge when beset by the curiosity of these persons and that is simply "I don't know". It can be said with a multitude of inflections. Simply and sincerely, conveying honest ignorance; with such solemn finality that it means "I won't tell you", but doesn't sound as rude. It can be said indifferently, to put an end to an unwanted conversation. Whatever method you choose to employ, it is final; whereas giving evasive answers and half truths in an effort to escape often leads to insinuations which are worse, by far, than the truth would have been.

To perform your duty to the patient properly, you yourself must keep well and fit. Don't go on duty when you are not — you will affect your patient badly — a tired nurse is a mental hazard. You must be sure of yourself. Indecision has no place in your profession. Do the things you decide to do, boldly and firmly, with as little fuss as possible. If you rub a back, rub it — don't rub it as if you wondered whether you should or not, and I, as the patient, wonder whether you are rubbing it or not. The sick want decisions made for them, and you must make them like those decisions. It is a constant challenge to your resourcefulness. Be gentle, but firm in all your ways.

To pass from the individual to the family, with which in the line of duty you may have to contend — you may have the wisdom of Solomon, the intellect of Socrates, the patience of Job, the placidity of a purring cat, and all the cunning of Delilah — but unless you have tact, these will avail you little. Tactfulness is a quality, which, while it appears to be a gift in some, can be developed. It is really only a great thoughtfulness of others. It is the hallmark of a lady never to hurt others, never to cause others to "lose face", even if it has to be at your own expense. Armed with tact, and with a prayer in

your heart (you'll need both), you can face the intricate and disturbing ramifications of your duty toward a whole family — shielding your patient against household worries, keeping the children in agreement, attempting to keep the house as sane as possible, getting along with the maid, because you and illness in the house make more work for her and demoralize routine; doing odd jobs to ease someone's burden—jobs that are not really your work, according to the letter of the law — fortifying yourself always with the hope that the next case may be in the hospital again.

From the family unit of the community, one may pass to the larger one of the organizations and clubs to which you belong, or should belong. With the benefit of your training, you should be ready to take your share of the work, best suited to your talents. Don't fail to realize that organizations have a right to benefit by the ability you have. If you have a gift or a talent, the community has a right to it. Too often, sheer selfishness, or plain laziness, or the no lesser moral error of thoughtlessness, deprives a community of a brain or hands, that should be at its disposal. There are always excuses in plenty that sound most reasonable but, if there is the will to do something, the reasons for not doing things are far more limited. It is known that your time is uncertain, and your work is harder than in any other profession and that you don't know when you will be off or on duty. As professional women, I know of no profession that absorbs you more completely into itself to the exclusion of other interests, than yours does — to the pitiful exclusion of community life and organizations.

Generalities are vague — to be more specific, one would like to see Graduate Nurses' Branches of Women's Hospital Aids. The hospitals, which these organizations serve, have been your training-

field, and are your Alma Mater, and they are your work-shops. How much more you should enter into their life and well-being, than other women, whose only claims on them are as prospective patients, or that they have a sincere interest in bringing the hospital in their community up to a perfection of service. One would like to see your interest in those who are now travelling the road you have already trodden — those girls who hope to be in the same profession as you are, but who are still beset by the trials and tribulations of the student.

As women of Canada, one would like to see you align yourselves with some national organizations so that you, as individuals, might benefit from the stimulus that organized effort produces. Now in wartime, these organizations can absorb all possible workers, if and when they can give of their time. It is gratifying to know that you take your place on the Local Councils of Women, where the women of the community may make their desires known and, through the proper channels, aspire to reach the powers that be. You give of your substance to all charities nobly, but one would like to see you give what money cannot buy — inspiration through co-operation and a pooling of ideas. There is an endless array of organizations in community life with which to identify your profession, to which your particular talents are perfectly suited.

Like every other profession, you owe the community something. One must pay for one's bread and butter and you get your bread and butter from the community (and sometimes a little jam).

Again, to be concrete, the people of the community are the means of your making a living and so as an organization it might be arranged that, if at all possible, someone is available at all times should the need arise. Barring sickness or being on a case already, it might be a turn-about arrangement, so that on feast days and holidays, your profession will not be called upon in vain. This is no law, but only the unwritten code of your profession. Yours is a kindly profession in which all men should be equal. It is putting a great strain on human nature, I know, but a good nurse takes the poor with the rich, the hospital and the home and the country cases just as they come. It is the ethics of a great profession to go where one is needed — not where one would prefer to go.

As you owe your community a constant and unbroken service without favoritism, selectivity or unfairness, so you also owe it the very highest standard of nursing of which you are capable. If you are capable of absorbing post-graduate work, you owe it to yourself and your patients, to avail yourself of it. Each one of you, separately and individually, carries the honour of your profession and what you are, or say or do, makes or mars that profession which was born of the heroism of a gallant woman. I know the age of sentiment has gone—gone with our Victorian forefathers. We are hard and practical and efficient, but one still likes to think that each one of you is obsessed by the same devotion to duty, inspired by the same ideals, and strengthened by the same courage as that heroic woman, Florence Nightingale.



## Nursing Service, R.C.A.M.C.

By virtue of an Order in Council all women members appointed to the Royal Canadian Army Medical Corps (Active), are granted rank equivalent to the relative rank held by them, and have the power to command exercisable by officers of the rank which they hold subject to such restrictions and conditions as may from time to time be prescribed by the Governor in Council. In accordance with this Order, Major Elizabeth L. Smellie, Matron-in-Chief in Canada, R.C.A.M.C., is promoted to be Lieutenant-Colonel and a corresponding rank has been accorded to Miss Agnes Neill, Matron-in-Chief, R.C.A.M.C. Overseas. In future, other ranks will be as follows: a Principal Matron, with the rank of Major; a Matron, with the rank of Captain; a Nursing Sister, a Dietitian and a Physiotherapy Aide with the rank of 2nd Lieutenant on appointment and that of Lieutenant after six months' service; a Home Sister, with the rank of 2nd Lieutenant.

The following promotions are announced in the Nursing Service of the R.C.A.M.C. Overseas: to be principal matron — Matron Moya Macdonald Matron Catherine T. Lunn, Matron Blanche G. Herman, Matron Nancy B. Kennedy-Reid, Matron Mary R. Shaffner, Matron Mary E. Minor, Matron Dorothy May Riches. To be matron — Nursing Sister Margaret A. Smith, Nursing Sister Grace Patterson, Nursing Sister Rose L. King, Nursing Sister Mima McA. MacLaren.

An interesting glimpse of overseas service is given by Ross Munro, Canadian Press War Correspondent:

Hundreds of Canadian nursing sisters—the total is nearly equal to the strength of an infantry battalion—now serve Canadian army hospitals and casualty clearing stations



*Photo by Notman, Montreal*

### MAJOR BLANCHE G. HERMAN

in England. When the army goes to Europe a number of them will move in the wake of the expeditionary force. Right now they are doing a big job, caring for men wounded in action, in big attack manoeuvres or in training, looking after hundreds of soldiers injured on motorcycles and in road accidents and tending many other sick cases. It's hard work—as hard as any nurse does anywhere—and the army is high in its praise of these Canadian women who came overseas to serve with the army in the field. "Our nursing sisters have been marvellous," Brig. R. M. Luton of Halifax, Director of Medical Services for the overseas army, told me before I left England. "They are doing a superb job and they've never complained even under the most trying circumstances. Their work has been of the highest order."

The nurses overseas serve in hospitals scattered all over southern England and in one in the midlands. In addition to hospitals, there are a number of casualty clearing stations which receive patients from field units, treat them there or pass them back

to base hospitals. There are about 10 nursing sisters at each C.C.S., some located in rambling old English mansions. The C.C.S. nurses are the ones who probably would go to Europe first as a result of their work

directly with the fighting units in the field. They have trained for rough going by moving with troops on manoeuvres and living out of mess tins and haversacks the way the soldiers themselves do.

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## S.R.N.A. Travelling Exhibit

R. C. CHRISTILAW

For many months the cry of "Canada needs nurses" has been heard from every quarter of the Dominion. Each province has felt the strain of carrying on with gaps left in its ranks by nurses joining for service in Navy, Army and Airforce. In spite of the willing co-operation of married and inactive nurses, there is still a need not only to meet the present demands but to prepare for the future.

At the silver anniversary of the founding of the Saskatchewan Registered Nurses Association, it was unanimously decided that the splendid History of Nursing Exhibit was to be sent to the different centres of the Province. It was felt that this exhibit would stimulate interest in nursing and would appeal to the well qualified young women whom we are so anxious to get into our schools of nursing. Splendid co-operation has been received in every centre in which the exhibit has been displayed. Local papers have given generous advance publicity, and fine articles have appeared during the days of display. Free radio announcements have told the nature, time and place of the exhibit, and principals of high schools have been most co-operative. A register has been kept wherein those viewing the exhibit have signed their names, and graduate and student nurses have been on hand to interpret the display and answer questions.

The exhibit itself was prepared for the most part by students in the schools of nursing in Saskatchewan, under the direction of superintendents and supervisors, and traces the development of nursing from its earliest stages, to the present day. Large pen and ink and coloured posters depicted the advancement of aseptic surgery, bacteriology, and public health nursing. Others traced the development of special branches of nursing, dietetics, newer drugs, and growth of hospital service. One project featured a high school student, a student nurse, and a graduate nurse, and showed the different fields of service open to the graduate nurse. Red Cross work and the war services were well presented. One attractive chart showed exactly the number of registered nurses in each district of the province.

*The Canadian Nurse* display had a fine cover with autographed photo of Canada's Matron-in-Chief and, from this, white ribbons led to little blue stands showing different sections of the magazine. One large poster had photographs of many nursing leaders whom we are proud to remember as members of our own Saskatchewan Association. Saskatchewan hospitals were well written up through the project done by the University of Saskatchewan School of Nursing students. The four schools, with



whom they affiliate, were each represented by a doll in the uniform worn by that particular hospital school, and a history of the hospital was mounted on the wall behind each doll.

To commemorate the Tercentenary of Jeanne Mance, Canada's first lay nurse, the History of the Hôtel-Dieu, Montreal, was included in this display, and a beautiful doll represented Jeanne Mance in the court dress of France, while another showed the probationer of the Hôtel-Dieu today. These dolls were given to the Saskatchewan Registered Nurses Association by the Reverend Mother Allard, and the Sisters of the Hôtel-Dieu in Montreal. They were very much admired for what they represent in the History of Nursing in Canada, and for the exquisite handiwork in their garments. Excellent anatomical

drawings and case histories were contributed and the Florence Nightingale Pledge and the chief events of her history were beautifully printed in Old English lettering. Many cherished photographs of nursing leaders were lent. It was felt that even a lay person could view this exhibit and go away with a feeling of reverence and admiration for the wonderful work done by these pioneers in nursing.

The exhibit was displayed in suitable halls lent for the purpose. These included a college auditorium, store windows, the mezzanine floor of a hotel, the auditorium of a large department store, and lecture rooms of two hospitals. We are very appreciative of the help given to us and feel that much will be gained in the future as a result of our "Travelling Exhibit".

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## An Experiment in Recruiting

VERA GRAHAM

In nursing, as in other vocations, we are faced with new and ever-changing problems brought about by war conditions. So many opportunities are now open to young women in business, industry, and war service that we find a marked decrease in applicants for our schools of nursing. At a time when many graduate nurses are required for military service at home and abroad, increasing demands are also being made in the field of industry and yet we must continue to provide adequate nursing service on the home front.

There is now a definite shortage of nurses, especially in our hospitals and, as the need becomes more acute, individual experiments in recruiting students

are being attempted. Two such experiments, conducted recently by schools in different parts of Canada, are presented here. The first of these was under the direction of Sister Anna, superintendent of All Saints Hospital, Springhill, Nova Scotia, and the second was directed by the author at the Homoeopathic Hospital of Montreal. Springhill is a mining town in rural Nova Scotia and All Saints Hospital provides all the hospitalization and nursing service for this community. The Homoeopathic Hospital is a small hospital in a large metropolis but both schools felt the same need and attempted similar experiments.

The experiment conducted by Sister Anna was well planned. Commencing

in the autumn, graduate nurses from the hospital staff spoke to high school students on nursing as a profession and distributed the pamphlets provided by the Canadian Nurses Association and entitled "Should you wish to become a Nurse". The following month, a group of selected high school students were invited to visit the hospital and a program was presented during which several student nurses gave papers dealing with the relation of high school subjects to the curriculum of the school of nursing and also brief comments about the interesting types of patients met with in their hospital experience. These were followed by an address given by the president of the Alumnae Association on the value of being a nurse even though married. The visitors were shown through the teaching department and a social hour was enjoyed. The immediate outcome was that a course in home nursing was given to the high school students and it is felt that, as a result, a lively interest in nursing as a profession has been created and that recruitment may be expected from this source. The fact that the student nurses themselves took such an active part in the recruiting plan seemed to have an excellent effect. The effort to correlate the high school curriculum with that of the nursing school was most commendable.

The experiment conducted in Montreal was primarily a project carried on by the Alumnae Association. It was thought that by bringing their attention to the need for qualified applicants and by telling them about the program of nursing education given by their own school they might be better prepared to present nursing to young women and to interest them in the course offered by the School. The Association suggested that an invitation be extended to several high schools, inviting senior students to attend a special meeting of

the Alumnae Association. The invitation was cordially received and the teaching staff discussed the entrance requirements and the personal qualifications which are necessary. The science instructor spoke of the basic sciences and their relation to nursing, and the instructor of nursing arts correlated her topic with the paper previously presented. A description was given of the student health service and the health education program. The supervisors of the various departments spoke briefly about the nursing service in the operating room, the out-patient department, and the obstetrical department. The affiliation program was outlined by two student nurses who had recently returned after completing their affiliation period at the Children's Memorial Hospital and the Alexandra Hospital for Communicable Diseases. The program closed with a brief paper on the importance of nursing in a time of crisis. The visitors were then given an opportunity of seeing the teaching department where they were shown the anatomical charts and health posters, some of which were prepared by student nurses. This exhibit demonstrated how closely the nursing curriculum is related to that of the high school. The student nurses' rooms were open for inspection and an informal reception followed in the living room. We felt that our contact, through the Alumnae Association, with these high school students was very worthwhile and realized that the program had been prepared with both groups in mind.

If nursing is to retain its present status and we are to deal with the vexing problems which are being forced upon us because of the lack of qualified applicants a definite program of recruitment must be established and carried on through our nursing organizations. We know our need — we see the pitfalls — can we not supply the remedy?



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# HOSPITALS & SCHOOLS of NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## Nursing Care in Plastic Surgery of the External Genitalia

HELEN LEVENICK

Before discussing some of the more important factors in the nursing care following operations on the external genitalia let us briefly review the purposes of vaginal plastic surgery. We do this because efficient nursing care depends upon a clear understanding of the work done by the surgeon and the reason for such measures. These operations are performed primarily to correct abnormal conditions due to congenital malformations and those caused by disease or by injury at child birth. The most common ones are:

*Vulvectomy*: the excision of a portion or all of the vulva as surgical treatment of new growths or of diseases such as leukoplakia.

*Perineorrhaphy*: the repair of the perineum which has been lacerated or has become greatly relaxed as the result of difficult child birth. The levator ani muscles are involved in this type of operation.

*Anterior colporrhaphy*: the repair of the anterior wall of the vagina to correct a hernia of the bladder through the anterior wall.

*Posterior colporrhaphy*: the repair of the posterior vaginal wall to correct a

hernia of the rectum through the posterior wall.

*Operations on the cervix*: usually done where there are lacerations, erosions or tumours. They include trachelorrhaphy or any type of repair of the cervix; cauterization of the cervix; the complete removal of the cervix by amputation.

Various plastic measures are used to correct congenital conditions, the most common one being imperforated hymen. Two congenital conditions quite recently seen in the gynecological department of the Vancouver General Hospital belong in this group. The first case was that of a young woman, 18 years of age, in whom there was an absence of the vaginal canal. A graft tube was taken from the inner thigh, made into a canal, and successfully transplanted between the bladder and the rectum; upon complete healing it had the appearance of a normal vagina. A young woman, 25 years of age, had not menstruated although she had had monthly manifestations of the normal period. After exploratory examinations, a congenital band was removed from the internal os of the uterus. The normal menstrual period and flow established itself five weeks

after surgery. The ultimate success of these operations depends largely on the nursing care, in which cleanliness, prevention of strain on suture area, and the co-operation of the patient are very important.

Actual nursing care might be summarized as follows: the pulse, respiration and colour should be carefully noted. The site of operation should be observed in relation to: condition of dressing; drainage (serous, sanguine, profuse, scant, etc.); the condition of packing if visible, its position and colour; the position of the catheter if an indwelling catheter is used and is attached to a bottle. The patient's knees should be flexed by using a pillow or a gatch bed, thereby relaxing the abdominal and the pelvic muscles. An air cushion or pad should be placed under the buttocks, thus preventing strain on the low suture area, particularly during the immediate post-operative period.

Routine post-operative care includes carrying out the doctor's orders as to position, which is usually low Fowler's to ensure drainage and to prevent chest complications; relief of pain by use of narcotics, usually morphine sulphate; later, sedatives by mouth may be ordered as it is important not only to keep these patients free from pain, but also to maintain mental and muscular relaxation. Catheterization may be necessary every six to eight hours; if, however, a patient is allowed or able to void, she must be encouraged to empty the bladder regularly, not allowing it to become distended and thereby causing pressure on the sutures. The careful recording of the amount voided, and of the time of each voiding, is most important, as retention or retention with overflow can easily become a complication.

Fluids in abundance may be given if they can be tolerated. A soft, low residue diet is indicated until the bowels have

moved; then, a gradual return to the general well balanced diet. Enemata and aperients usually are not given until three or four days after operation in order to avoid strain and contamination. One of the most common procedures for the first evacuation is the injection of four ounces of salad oil rectally followed in two hours by a small soapsuds enema. This is particularly easy for the patient if extensive surgery has been done and the enema has been withheld for a longer period.

The routine perineal care consists of washing the external genital region with a weak solution of green soap, or with sterile water, after each defecation or urination using absorbent sponges and forceps technique. Great care is necessary in directing the sponges from the top of the wound area down towards the anus and preventing the solution being harboured in the vagina; to avoid this we purposely do not douche the area. Careful drying and application of a sterile dressing conclude the treatment. There is marked variation in the opinion of surgeons as to the value of antiseptics used over perineal sutures. Infra-red treatments to the suture area for a period of ten to twenty minutes two or three times daily, until healing is well established, will aid in keeping the area dry and give physical comfort to the patient. The whole purpose in the care of the wound is to maintain cleanliness (asepsis as far as possible) and to keep the area dry, thereby encouraging healing.

General physical care is the same as for any post-operative case. It is necessary that nurses have time for observation and careful recording of progress. The immediate reporting of bladder discomfort or any change in the condition of the suture area is of great importance so that special orders may be carried out preventing more serious complications.

The psychological factors in the nurs-



ing care must not be overlooked. Explanatory remarks should be made to the patient herself regarding treatment, diet, general routine care, the importance of forcing fluids, and the reasons for pain and discomfort. She should be prepared for each new step as her co-operative attitude is an important factor in her recovery. The nurse should make an opportunity for the patient to discuss privately with her doctor the results of her operation, especially those phases which may alter her future mode of life from the standpoint of both domestic and gen-

eral conduct. Frequently a woman is unable to summon sufficient courage to start this conversation and the nurse may be able to save much unnecessary worry by tactfully paving the way. No patient should leave the hospital without receiving definite health instruction. (In case of perineal sutures the use of toilet paper is contra-indicated.) This teaching should begin in the early post-operative period and be so definite a part of the every day routine that the patient will be able to complete her convalescence at home without fear or apprehension.

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## New Officers of the C.N.A.

At the close of the recent general meeting of the Canadian Nurses Association the officers who are to serve during the next two years were called to the platform. All of them are women who have already attained positions of prominence in the nursing world and a brief comment concerning each of them will surely be of interest. Since a biographical outline of the president, Marion Lindeburgh, appeared in the August issue of the *Journal*, we begin with the first vice-president. Marjorie Buck, B.A., is the superintendant of the Norfolk General Hospital, Simcoe, Ontario, a fifty-bed general hospital with a graduate nurse staff. In addition to her regular duties, Miss Buck is also acting as nursing adviser to the Registered Nurses Association of Ontario, an organization which she has already served with conspicuous success in the capacity of president. The second vice-president is Fanny Munroe, R.R.C., who, since 1938, has been superintendent of nurses and head of the School of Nursing of the Royal Victoria Hospital in Montreal. Miss Munroe has had a wide ex-

perience in conducting the affairs of nursing organizations and made an exceptionally fine contribution during her term of office as president of the Alberta Association of Registered Nurses. The new honorary secretary is Rae Chittick, B.Sc., instructor in health education in the Provincial Normal School in Calgary, Alberta. Miss Chittick is the very energetic and able president of the Alberta Association of Registered Nurses and is regarded as an authority on health teaching. The new honorary treasurer is Marjorie Jenkins, superintendent of the Children's Hospital in Halifax. Miss Jenkins is a graduate of the School of Nursing of the Hospital for Sick Children and of the McGill School for Graduate Nurses. In addition to directing a busy hospital, she is the very competent president of the Registered Nurses Association of Nova Scotia and is also serving as emergency nursing adviser for that province. Chief among her many interests is music, and she is a member of the Halifax Conservatory of Music Choir. She has held office in the Soroptimist Club and is a

member of the women's study group of the League of Nations Society.

The chairman of the Hospital and School of Nursing Section is Miriam Gibson, instructor of nurses in the School of Nursing of the Hospital for Sick Children, Toronto. Miss Gibson has taken the course in teaching offered by the McGill University School for Graduate Nurses and in 1939 made an observation tour of several schools of nursing in the United States. After serving as convener of the Provincial Ontario Committee on Instruction she became convener of the National Committee in 1941. The new chairman of the Public Health Section is Lyle Creelman, director of public health nursing for the Metropolitan Health Committee of Greater Vancouver. Miss Creel-

man took the combined course in nursing, offered by the University of British Columbia and the school of Nursing of the Vancouver General Hospital, leading to the degree of Bachelor of Applied Science (Nursing). For the past two years Miss Creelman has been responsible for the direction of the Public Health Nursing Page in the *Journal* and deserves much of the credit for its success. Madalene Baker had already established such a fine record as chairman of the General Nursing Section that her re-election was a great satisfaction to all concerned. Miss Baker is a graduate of the School of Nursing of St. Joseph's Hospital, London, Ontario. She is doing valuable work as registry organizer for the Registered Nurses Association of Ontario.

### Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Catherine Ross* and *Miss Hester Lusted*, both graduates of the Regina General Hospital and of the public health nursing course, McGill School for Graduate Nurses, have been appointed to the Winnipeg staff.

*Miss Frances Winchester*, a graduate of the Massachusetts Memorial Hospital, Boston, and of the public health nursing course, McGill School for Graduate Nurses, has been appointed to the Montreal staff.

*Miss Mary Dampier*, a graduate of the Royal Victoria Hospital, Montreal, and of the public health nursing course, Institute of Public Health, London, has been appointed to the Montreal staff.

*Miss Opal Shaw*, who resigned from the Order in December 1940, and who for the past year has been instructress of nurses at St. Mary's Hospital, Timmins, has been appointed to the York Township staff.

*Miss Mary Plishka* has been transferred from the staff of the Oshawa Branch to the staff of the Winnipeg Branch.

*Miss Muriel Hunter* has resigned from the Moncton Branch to take the position of chief public health nurse in New Brunswick.

*Miss Edith Railton* has resigned from the Sudbury Branch to do public health work.

*Miss Verna Huffman* has resigned from the York Township Branch to take a position with the Kiwanis Club.

*Miss Elaine Lefebvre* has resigned from the Lachine Branch to be married.

*Miss Bessie Jackson* has resigned from the Montreal Branch to take a position with the Ottawa Civic Hospital.

*Miss Ethel Gordon* has resigned from the Woodstock Branch to become school nurse in Belleville.

*Miss Dorothy Campbell* has resigned from the Bridgewater Branch to be married and is at present on leave of absence from the Order.

*Miss Isabel Mustard* has resigned from the Toronto Branch to take a position with the Junior Red Cross in Ontario.

*Miss Jane Saunders* has resigned from the Winnipeg Branch to join her family in Vancouver.



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## Married Nurses and Income Tax

On request, the Canadian Nurses Association received from the Income Tax Division of the Department of National Revenue a statement regarding the status for income tax purposes of a married man whose wife resumes the practice of nursing on a remunerative basis in order to serve in the present emergency. It is hoped that the statement which is published below as received from the Commissioner of Income Tax will clarify this important point in the minds of some members of the Association:

Some married nurses may, as yet, be unaware that the Income War Tax Act, as recently amended, contains provisions to ensure that a husband shall *not* lose any of his statutory rights because his wife engages in remunerative employment. These provisions read in part as follows: With reference to Normal Tax: If, during any taxation year, a husband and his wife each had a separate income in excess of \$660, each shall be taxed under Rule Three of this section, *provided, however, that a husband shall not lose his right to be taxed under Rule One of this section by reason of his wife being employed and receiving any earned income.*

With reference to Graduated Tax: If, during any taxation year, a husband and his wife each had a separate income in excess of \$660 before making the deduction for which provision is made in Rule One of this section, neither of them shall be entitled to the deduction from graduated tax for which provision is made in Rule Three of this section, *provided, however, that notwithstanding the foregoing a husband shall not*

*lose his right to the deduction provided in Rule Three of this section by reason of his wife being employed and receiving any earned income but his wife shall for the purpose of this section be treated as an unmarried person.*

This means that no matter how much money a married woman may *earn* by reason of being employed, her husband will still be taxed as a married person (i.e. he will pay Normal Tax at the minimum 7% rate and will be entitled to deduct \$150 from the amount of his Graduated Tax). It is only when a married woman has income, other than earnings from employment, of more than \$660 for the year that her husband's rights are affected.

Thus there is nothing in the 1942 Income Tax provisions that should cause any hesitation on the part of married nurses to resume whole or part-time practice on a remunerative basis.

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## University Schools of Nursing Organize

Late in September 1941, the Canadian Nurses Association invited representatives of the University Schools and Departments of Nursing to meet with the Executive Committee for a discussion of problems relating to nursing service and nursing education. Acceptance of the invitation provided the first occasion for representatives of the University Schools and Departments of Nursing in Canada to meet together. That first meeting resulted in a decision to recommend to the Canadian Nurses Association (in General Meeting, 1942)

that the University group become a Committee of the National Organization. However during intervening months, plans were made for a meeting of representatives of University Schools of Nursing to be held in Montreal while the C.N.A. General Meeting was in session.

On June 29, 1942, the Executive Committee, C.N.A. was notified that the University representatives wished to organize provisionally as a separate group rather than as a Committee of the C.N.A. This decision was endorsed unanimously by the Executive Committee. The officers of the Provisional Council of University Schools and Departments of Nursing are: president, Miss K. W. Ellis; vice-president, Rev. Mother Allaire; secretary, Miss Mary S. Mathewson. The president of the Provisional Council becomes a member of the Committee on Nursing Education of the Canadian Nurses Association, and the convener of the Committee on Nursing Education has been appointed a member of the Executive of the Provisional Council.

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### Reciprocal Registration

Each of the nine provincial Acts of Registration for Nurses in Canada provides by reciprocal arrangements for the registration of nurses from the other provinces and from states or countries which have similar requirements. Within recent years, the majority of the provinces of this Dominion have made definite arrangements for reciprocal registration with several of the General Nursing Councils within the British Commonwealth of Nations. These General Nursing Councils administer the Act of Registration for Nurses for their respective countries.

For the information of members of

the Canadian Nurses Association the following announcement is made in respect to General Nursing Councils and the Provinces of the Dominion of Canada, between which reciprocal arrangements have been completed:

The General Nursing Council for England and Wales, with Provinces of Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan.

The General Nursing Council for Scotland with the Provinces of Alberta, British Columbia, Manitoba and Ontario.

The General Nursing Council for the Irish Free State (Eire) with the Province of British Columbia.

The General Nursing Council for Southern Rhodesia with the Province of British Columbia.

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### A Message From Australia

In the July issue of the *Journal*, page 475, there was published an interchange of messages between the Canadian Nurses Association and the Australasian Trained Nurses Association. In confirmation to the latter's cablegram, the following letter reached National Office on September 15:

Thank you for your cable of the 13th May last which came duly to hand—what a generous gesture! But that is typical of the Canadians—our nurses speak in the highest terms of the hospitality and kindness offered to them whilst in Canada, and now you extend your goodwill to them in Australia. We do appreciate it. Copies of your cable were sent to the Principal Matrons of the respective Commands, to the Branch Secretaries of this Association, and to Captain Clement of the American Army Nurse Corps in Australia and all, whilst deeply touched by the thoughtfulness of the Canadian Nurses Association, rejoice that there is at present no need for us to avail ourselves of your generosity. We will, of course, communicate with you should the occasion arise but sincerely hope that it may not be necessary to do so.



The message by cable on May 13, 1942, read: "Our thoughts are with you. Wish to learn any British or Allied nurses in Australia in need of financial aid. Reply collect." The reply received was: "Deeply appreciate generous offer, inquiries reveal not required at present. Will advise if occasion arises."

### British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

#### *British Columbia:*

Individual donations .....	\$ 13.00
Kamloops Graduate Nurses Association .....	60.00
Ladysmith Chapter .....	20.00
Science Girls' Club, University of B.C. ....	174.66
Victoria Chapter .....	165.00
A.A., Vancouver General Hospital..	553.89
Nursing Sisters, Nanaimo Military Hospital .....	10.00

#### *Nova Scotia:*

Halifax Branch .....	11.75
Pictou Co. Branch .....	3.00
Valley Branch .....	16.75
Colchester Co. Branch .....	15.00
Lunenburg Co. Branch .....	5.00

#### *Ontario:*

##### Districts 2 and 3:

Ayr nurses .....	13.00
Staff, Galt Hospital .....	5.00
Individual contributions .....	6.00

##### District 4:

A.A., Hamilton General Hospital ...	40.00
Welland Nurses Alumnae .....	10.00
Nurses of St. Catharines .....	46.50
Staff, Mountain Sanatorium, Hamilton .....	20.25

##### District 5:

A.A., Riverdale Hospital .....	124.50
A.A., Soldiers Memorial Hospital, Orillia .....	8.25
A.A., Toronto Western Hospital ...	100.00

Preliminary students, Toronto Western Hospital .....	10.00
Student Nurses, Toronto East General Hospital .....	40.00

Nursing Sisters, Chorley Park Military Hospital .....	48.00
Nursing Sisters, Camp Borden Military Hospital .....	54.00

Nursing Sisters, Toronto Convalescent Hospital .....	10.00
Staff nurses, Toronto Hospital, Weston .....	20.00

Individual contribution .....	3.00
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##### District 9:

Staff, Lady Minto Hospital, Cochrane	3.00
Kirkland Lake nurses .....	5.75
Individual contributions .....	12.00

## The Publicity Campaign

Surely this is a new departure, for have not most nurses been prone to hide their lights under bushels and to shun newspaper reporters as potential sources of danger better avoided than explored? Now the Canadian Nurses Association has gone out to seek publicity through the press, radio, and even the movies. Could some of our more discreet predecessors have believed it—and yet so it is.

At the Biennial Meeting of the Canadian Nurses Association, the newly-elected president, Miss Marion Lindeburgh, stated that a Publicity Counsel had been appointed for at least six months to initiate a publicity programme. A memorandum from the Counsel to the provincial Advisers includes the following statements: "A publicity programme can be adopted providing its limitations, in the light of existing con-

ditions, are recognized at the outset. A publicity programme can be an educative force, but this force will lose some of its value unless the programme is keyed with a decentralized plan of approach designed to bolster the publicity" in other words unless each province participates wholeheartedly. "First of all, and before considering the adoption of even a limited publicity programme, it would seem a prerequisite to create, in each province, a committee of leading men and women, which will uncover facts of interest to the public and which will be of considerable help to any publicity firm which undertakes this work. There are many angles to this whole question. There is, for instance, the possibility of approach to provincial and federal governments for varied aid, including financial grants to help meet the expenses of a much broader programme. There is the possibility of interesting members of parliament in all the legislatures to act as liaison officers with the members of the cabinets, both provincial and federal. There is the factor of liaison work with and through the Canadian Medical Association, the provincial medical officers, community and industrial organizations. There is the question of issuing pamphlets about the profession at regular intervals for mailing and distribution to young women who are of the desirable type". So with these plans in mind the publicity campaign has been launched.

Two news stories have already been sent out across Canada preceded by a letter from the president of the Canadian Nurses Association to the editors of all daily and weekly papers. To understand the distances that these messages have travelled, and the areas that have been penetrated, it would be necessary to be at the receiving end and to review the clippings as they come in from Halifax to Vancouver, including

many outlying areas throughout the Dominion. Already some suggested material for radio publicity has gone out to the advisers in each province. A number of talks have been given over local stations. Through the courtesy of Dr. Heagerty, National Director of Public Health Services, the story of nursing service and its many implications is going to be made known in radio "spots". Listen for these "spots" in "the news" throughout October, and send suggestions for others to the Emergency Nursing Adviser. Some "spots" are soon wiped out, but we want to use those that will leave their mark. It must be remembered that the publicity campaign is a co-operative effort.

Your attention is also directed to the newsreel. Later on we may see "Soldiers in White" on parade. Their appearance will be brief, but they represent many hours of work, and support from some of the leading hospitals which made their production possible, and for which we are very grateful. Already the Canadian Broadcasting Corporation has devoted two programmes to nursing. In both of these the past president of the Canadian Nurses Association, Miss G. M. Fairley, was heard, and we have evidence that her direct and euphonious message has reached many homes. To the younger generation especially, "No Prouder Pledge" made an appeal. So, in a few words, we have tried to give a picture of the initial developments in connection with the publicity campaign—this educative force the use of which nurses have too long neglected. Now, with some reluctance, we are attempting to use this instrument discreetly and well.

So much for the cart, what about the horse and driver? The success of the campaign is not only going to depend on the continuous support so necessary to it, but it demands the intelligent un-



derstanding of individual members of the objectives sought. For professional publicity we can turn to the *Journal*, but more than this is demanded of us at this time. As members of the Canadian Nurses Association, nurses must be ready interpreters of publicity programmes especially designed to reach lay people. Generally speaking, we wish to enlist the understanding and support of people in the nursing profession and that for which it stands in its broadest interpretation; we wish to interest more of the most desirable type of young women in nursing, as a *war service with a future*. Last, but by no means the least important of our objectives is to keep our own members informed, assuming that we may be assured of their interest in problems that are vital to every nurse and to every citizen.

In turning the flashlight of publicity on the nursing profession, we are ac-

cepting a new challenge. We are offering an incentive for questions to be asked that must now be answered. Some of these questions we have asked ourselves but we are bound to admit that satisfactory replies to all of them have not yet been made. Now, as a profession we must bring them to light or they will be aired for us. Standards we have fought for must still be protected; service we have stood for must still be given, more especially in these very difficult days. Hospitals are calling for help, sick people are needing care, and well people are groping for guidance in hours of great stress. In publicizing nursing we are publicizing a very special service that every nurse must be prepared to give.

KATHLEEN W. ELLIS

*Emergency Nursing Adviser  
Canadian Nurses Association*

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## Supervision in Public Health Nursing

At the request of the Registered Nurses Association of British Columbia to the Department of Nursing of the University of British Columbia, a very profitable two-weeks refresher course in supervision in public health nursing was given at the University from July 27 to August 7, 1942. Most of the lectures were given by Miss Kathleen Leahy, Public Health Field Work Supervisor, University of Washington, who brought to the group an inspiring philosophy of supervision as well as many practical tools which enable the supervisor to make her function one of leadership. Dr. Ewing, lecturer at the Vancouver Normal School, made supervision a vital process through which professional growth is developed. Dr. Russell, of the Department of Education of the

University of British Columbia, told us of the teaching functions in supervision as experienced by one in the educational field. The concluding lecture was given by Miss Marjorie Bradford, director, Vancouver Council of Social Agencies.

In order that some really intensive work might be accomplished, it was decided to limit the attendance to fifty, and that those eligible would be public health nurses already engaged in supervisory positions and certain others selected by the directors of public health nursing agencies as potential supervisors or for those for whom it was considered the course would have definite benefit. The dates were set to enable those who attended to do so by giving one week of their holiday time while the agen-

cies concerned released the nurses for the other week. The course was originally planned for public health nurses only but so many social workers expressed such keen interest that it was felt there would be sufficient value for them to attend also. This did not alter the program which still remained one essentially for public health nurses. In this it demonstrated that the principles, and indeed most of the tools, of supervision are the same for public health as for social work.

There are certain features which helped to make the course both enjoyable and profitable. The fact that the numbers were limited gave opportunity for free discussion and active participation further made pos-

sible by the formation of discussion groups, of which there were four. Relevant topics were assigned in advance so that reference reading might be done before the group met. The group leader, which changed each day so that as many as possible shared the experience of leading discussion, was responsible for presenting the report to the assembled groups. Another important feature for a summer-time course was that it was not too crowded, some time being allowed for relaxation and informal discussion. For the small fee of \$5 invaluable returns were received by each nurse and social worker who was privileged to attend

— LYLE CREELMAN

## L'École d'Infirmières Hygiénistes

When the history of the School of Public Health Nursing of the University of Montreal comes to be written many names will receive honourable mention and tribute cannot be paid here to all the nurses who have

built up what claims to be the only French-speaking School of Public Health Nursing in the world. At its founding in 1925, Edith Hurley, M.A., Reg. N. (now Mrs. Michael Hackett) became the first nurse-director and the School owes much to her and to her successors. For many years Mlle Alexina Marchessault rendered most valuable and devoted service and for the past two years had the benefit of the active collaboration of Mlle Annonciade Martineau in the capacity of co-director. Following the retirement of Mlle Marchessault, the direction of the School has been assumed by Mlle Alice Girard, a graduate of the School of Nursing of the St. Vincent de Paul Hospital, Sherbrooke. Mlle Girard holds the certificate in public health nursing granted by the School of Nursing of the University of Toronto and, in addition, has received the degree of Bachelor of Science in public health nursing from the Catholic University of America in Washington, D.C. Mlle Martineau will continue her connection with the School in the capacity of lecturer on certain subjects. The enrolment of students for the coming year is most encouraging and French-Canadian nurses may well be proud of a School which owes its existence to their courageous and loyal support.



*Photo by Garcia, Montreal*

ALICE GIRARD



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## STUDENT NURSES PAGE

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### Sheila Ann Makes her Debut

GERTRUDE SWITZER

*Student Nurse*

*School of Nursing, Hamilton General Hospital*

*(Mount Hamilton Maternity)*

It was 12.25 a.m.—one of those cold blustery nights that gives you the assurance that nothing will happen, at least nothing like the admission of a maternity patient. The supervisor had just finished trying to impress upon my inexperienced mind some of the procedures I must know when the telephone rang—not just the usual ringing, but rather that familiar long and short, characteristic of one thing only—“There’s a patient in the admitting room.”

Immediately I was told to go down and admit her. No time now to get faint-hearted so I donned my armour of efficiency which I was beginning to acquire, after almost four nights on the delivery floor, and hurried to the admitting room. Waiting for the elevator, the ride down, everything seems to take so long when you are trying to visualize, and yet know nothing of, your patient’s condition. My heart was pounding loudly but I pulled myself together, paused for one moment to compose myself, then gently opened the door. You can imagine my relief to see a supervisor already present and, nervously occupying the two chairs, a man and his wife. Although I was still quite awkward I gained some self-confidence as I helped that frightened young expectant mother

into the wheel-chair and asked Mr. K. to wait in the adjoining room.

Let’s see, what were those questions I’d been taught to ask just a few minutes before? “How many pregnancies Mrs. K.? Have your membranes ruptured?” “When did your pains begin? Have you any show?” After putting technical terms into simple language, Mrs. K. told me this was her first pregnancy. She was only twenty-one, with big blue eyes and pale frightened face. As I removed her clothing, she told me that the membranes were intact, that her pains started shortly after dinner that night and were now coming every six to seven minutes. Her temperature was normal but her pulse was a little rapid—a factor to be expected in the case of a primipara.

While I finished the chart, I sent the young husband in to say a few cheering words to the future mother—his wife. “No visitors on the delivery floor”, we say every time, and we always get the same inquiry, “I won’t see her again?” Then Mr. K. left and now my most important task began—to make Mrs. K. feel at home in our strange, big hospital. She had never been in a hospital before, had never ridden in a wheel-chair, and I know she breathed easier

when we reached the ward and I wheeled her into the preparation room. I carefully assisted her from the chair, to a stool, and onto the high table where she would remain for the next hour. Then I put on a mask, which is essential when making the perineal preparation, and watching pains in the second stage of labour.

I explained to Mrs. K. why I did this preparation and by this time my "mother-to-be" was beginning to take an interest in what I was doing for her. Listening to the fetal heart held her speechless. That I should hear, through the stethoscope, the baby's tiny heart pumping with rapid, regular beats, waiting to be received into the outside world, was almost incredible to her. I convinced her that by the strong volume, speed and position of that steady thump, that she must have a normal baby and I knew she was happy. Soon she was telling me how overjoyed she was when she discovered that she was pregnant. Financial circumstances prevented her from seeing a doctor and not until the fifth month did she learn by some fortunate chance that there were prenatal clinics where her case was handled by noted obstetricians free of charge. This soon dispelled any fears due to lack of knowledge and Mrs. K. enjoyed a normal pregnancy.

By now I had almost completed our routine initial preparation and she was ready to join our other patients in labour. Personally, I do not like that word and the same applies to the rooms. It is not the word so much but what it signifies and it is what we nurses think of when we hear it. If patients could only escape that period of suffering and waiting and not have to cry out hour after hour: "How much longer, nurse?" And you, having by this time exhausted your supply of encouraging phrases, simply respond: "It won't be long now."

Afterwards they only have a vague memory of how they suffered but they choose to forget and then, with the birth of the babe, all evidences of the past fade away.

Mrs. K.'s pains became stronger. They always do after the giving of the enemata—labour is able to progress more favourably, and the heat stimulates contractions in the uterus. The contractions were, at this stage, every five minutes, strong and regular and lasting about thirty seconds. The fetal heart had descended slightly to the left and every pain meant that the baby was that much closer to being born. I explained this to Mrs. K. and asked her to rest between pains and then when the proper time came, she would have conserved her energy and as a result, make better progress.

Sedation should be carefully regulated; not too much so that there might be a possibility of harming the baby, but sufficient to ease the pains and afford a short rest between times. Mrs. K. had heroin gr. 1/12 and nembutal gr. 1 ss when her pains came every three minutes and were long and severe. At this time a rectal examination by the interne on the service revealed a dilatation of approximately four fingers with the head descending.

She liked the fruit drinks I made her, but I found it necessary to remind her constantly to drink them. Glucose drinks are beneficial to a patient in labour because they maintain the normal body fluids and thus tend to ward off exhaustion, symptoms of which we are always looking for in long, hard labours.

Now, the supervisor made it my duty and responsibility to stay with this patient. Dilatation was complete and watching her progress should prove very interesting. Pressure on the perineum, which at first is hard to detect, is a definite sign that the cervix is dilated com-



pletely and that with every pain the head of the baby descends lower and thus flattening, as it were, the pelvic floor. With every pain, Mrs. K. grasped my hand tightly and held her breath. It was while watching one of these contractions that I first saw the membranes. I was petrified for I could think of it being nothing else but the baby's head and, advancing as it was, I felt quite positive that she would deliver at any time—perhaps the next pain! However, that's inexperience. The following pain relieved my doubts and yet it seemed many moments before those membranes finally ruptured with a sudden gush of clear fluid. Now, it could not be long, I felt quite sure. The amniotic fluid continued to seep and for the first time I distinguished a slight pinkish show. I distinctly remember Mrs. K. saying how relieved she was and that a great pressure seemed to have been released, and so it had.

After this important phase in labour came almost constant vigilance. With every succeeding contraction, there was greater bulging of the perineum and a dilating of the rectum. It was only then that this patient showed signs of discouragement. She had been in labour now for twelve hours and these last pains seemed to drain her little body of all it had. The baby's heart, which tells us so much, was checked conscientiously every fifteen minutes—still strong although somewhat faster. Soon we must put our patient on the stretcher and take her down the corridor to one of the delivery rooms nearby—a journey which will have a happy landing we hope.

It was about this time that our supervisor came in to determine her progress. After a few minutes of intelligent observation, her decision was: "She's ready for the case-room." With a feeling of excitement surging through me I wheeled the stretcher close to Mrs. K.'s bed

and, with the help of another nurse, assisted her onto the stretcher. That was a hard task for our patient, with her pains almost continuous. She was quite relaxed from the sedative and did not seem at all interested in co-operating with us. Impulsively, she grabbed my hand tightly and asked, "Will I be all right—you won't leave me will you, nurse?" To these questions, I replied: "I'll stay", not knowing but hoping that I would. I did so much want to follow her all the way through. Once we succeeded in getting her on the delivery table I was thrilled when I heard the supervisor say: "Change your cap and scrub." The doctor and the anaesthetist arrived and I was assisted into sterile gown and gloves. Soon Mrs. K. was breathing in the anaesthetic, slowly and deeply, blotting out pain. Sterile drapings, towels, basins, solution, instruments, sponges—all were in readiness for the doctor.

Now the waiting. Each contraction showed more progress, until at last with one successful pain, the babe was born—and a beautiful creature it was! Pink and motionless at first—then a gasp, and a low cry penetrated the solemn stillness of that delivery room—the cry that says "I am alive." It always gives me a wonderful sensation to hear that announcement and to realize that this is the ultimate result of such long waiting and expectation—a sacrifice, but well worth it. She was kicking and protesting noisily. The warm boracic swabs with which I bathed her eyes, the cutting of the cord, the application of an alcohol dressing and binder, and removal of excess mucus from her mouth and nose, all seemed so much like ceremony to her. But not to the white-gowned attendants, for we are taught that we must guard against infection early. She was crying lustily now, and who could blame her? Gently, the doctor handed her to the nurse who wrapped her in warm

sterile blankets and placed her in her first bed.

Mrs. K. was still under the anaesthetic and, in the meantime the placenta was expelled, apparently intact. This additional pain seemed to bring her back to reality. What had happened? From somewhere in that semi-conscious mind a thought flickered which brought an expression of peace to the upturned face. Then that question which is so vitally important to a mother — "Is the baby all right?" How happy I was to tell her truthfully that she had a normal baby girl.

Doctors, supervisors, assistants and observers departed leaving me, the scrubbed nurse, to watch mother and babe. For a moment, I gently massaged the fundus which was hardening satisfactorily. The administration of Ergometrine 1 cc. and Infundin 1 cc. was given intramuscularly to prevent bleeding, by stimulating the uterus to contract. By this time, wee Sheila Ann (Mrs. K. had previously told me her chosen name) was trying hard to get that tiny thumb into her mouth. It was time now for mother to have a look. The baby's big blue eyes were stained with Argyrol 20%, which met Mrs.

K.'s disfavour until I explained that the instillation of this drug is a precaution we take to guard against the dreaded ophthalmia neonatorum. And so it was a lovely bundle, with her identification necklace and anklet securely attached, was sent down to the nursery to live the life of all babies.

It was almost an hour since Sheila Ann made her appearance in this cruel world and Mrs. K. was in good condition. The thermometer registered a normal temperature, but my "pocket pilot" detected a rather fast pulse—nothing to cause alarm when the fundus is firm and bleeding is moderate. Breast preparation and perineal dressing were soon completed and our patient was ready to leave the case-room. How different it was for her getting on the stretcher this time—how different for us all. We wheeled her down the corridor to the elevator and on down to a nice warm bed, previously prepared for her. Her only desire was to sleep and to make up for the hours of interrupted rest and hard, hard work. Trudging back with the stretcher, I marvelled on what had happened—the creation of a Mother and her Babe—to me no less than a miracle!

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## In Memory of Cory Mabel Taylor

Cory Mabel Taylor was born in London, Ontario, the only daughter of the late Colonel and Mrs. L. E. Taylor of the Salvation Army. She obtained her primary education in the schools of Spokane, Washington, and Winnipeg, and later attended high school in Montreal. She was a student at the Winnipeg School of Art previous to entering the School of Nursing of the Winnipeg

General Hospital from which she graduated in 1920. Upon graduation she was employed by the Department of Health of Manitoba, and, leaving Winnipeg in 1926 for Toronto, served with the Toronto Department of Health for two years before going to Bedford College in London, for further study in public health nursing. Upon her return to Canada she joined the staff of the Cana-



## OBITUARIES

dian Junior Red Cross in Toronto, where she served faithfully until her death on August 8, 1942. As a student she was considered by all who worked with her and knew her best as a conscientious and truly good nurse. In her work in Manitoba and Ontario she achieved outstanding success and, at Bedford College, she made many friends, not only for herself but for Canada, among the many nurses from the different countries who attended this international School. We were justly proud of her.



CORY M. TAYLOR

The word versatility best describes Cory Taylor. She was a musician and artist of much more than average ability and a true lover of poetry. For some years she was an active member of the Toronto Camera Club and her camera studies were greatly admired and won favour in many exhibitions. A deeply religious woman, she expressed her convictions in a number of ways. Tolerant of human frailties, unselfish, self-effacing, kindly and sympathetic she attracted to her a wide circle of friends from

many walks in life. In her short life of forty-six years she has left a mark not soon to be forgotten. Her sudden death was a great loss to her many friends, but we knew it was as she would have had it. In writing of her death her brother said: "she left us unafraid and with the consciousness of a life well spent that is an inspiration to those of us who remain".

— ISABEL MCDIARMID

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## Obituaries

Mrs. GORDON ELLIS (Mary M. Grant) died on July 28, 1942, in Edmonton, Alberta. Mrs. Ellis was a graduate of the Royal Victoria Hospital, Montreal, and a member of the Class of 1928.

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ANNIE HILLCOAT, superintendent of the Highland View Hospital, Amherst, N. S., will be sorely missed by that institution and by the community she served so well for thirteen years. Miss Hillcoat was a graduate of the School of Nursing of the Hartford State Hospital, Hartford, Conn., and later undertook

post-graduate study at Johns Hopkins Hospital. She served with distinction as a Nursing Sister with the R.C.A.M.C. during the first Great War and, upon her return to Canada, was appointed to the staff of the Camp Hill Military Hospital in Halifax. Her charming personality won many friends and her sudden passing is deeply mourned.

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Mrs. LORNE HOFFMEYER (Elizabeth Hall) died recently as the result of a motor accident. Mrs. Hoffmeyer was a graduate of the School of Nursing of the Stratford General Hospital and

a member of the Class of 1923. Previous to her marriage she served as a supervisor in the McKellar General Hospital, Fort William, Ont.

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Mrs. JOHN MACDONALD (Annie Allan) died on September 9, 1942, at Dundas, Ontario. Mrs. Macdonald was a graduate of the Mack Training School of St. Catharines General Hospital, and was a member of the Class of 1896.

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JESSIE MACGREGOR died recently in Montreal. Miss MacGregor was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1892. For many years she was engaged in private duty nursing and afterwards served as a member of the staff of the Victorian Order of Nurses until her retirement some years ago. Miss MacGregor was a life

member of the Alumnae Association, and took an active interest in its work until failing health made it impossible to attend meetings. She died at the ripe age of ninety-one.

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Mrs HENRY J. ROBILLARD (Alexandra Helen Nelson) died suddenly on July 1, 1942, at her summer camp on the Gatineau. Mrs. Robillard graduated from the School of Nursing of the Montreal General Hospital and was a member of the Class of 1909. She went overseas in January, 1915, serving with distinction as a Nursing Sister in the C.A.M.C. for over four years in France and England. She was mentioned in dispatches for service in France and was awarded the Royal Red Cross. In 1920 she married Dr. Henry J. Robillard and made her home in Detroit. The funeral service was attended by many old friends of the Great War years.

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### M.L.I.C. Nursing Service

*Miss Gilberte Violette* (Hôpital du St. Sacrement, Quebec City, 1937) was recently permanently appointed to the Metropolitan Nursing Staff. Miss Violette has been on the Mount Royal Staff, Montreal, since April 1942.

*Miss Berthe Poirier* (Notre Dame Hospital, Montreal, 1934, and public health nursing course, University of Montreal, 1935) Metropolitan nurse in Three Rivers, was recently transferred to St. Jerome, P.Q., and *Miss Gabrielle Michaud* (Notre Dame Hospital, 1927) was transferred from St. Jerome to Three Rivers.

*Miss Angeline Caron* (Notre Dame Hospital, Montreal, 1939, and public health nursing course, University of Montreal, 1935) was recently transferred from St. Hyacinthe, P.Q. to the Frontenac Nursing Staff, Montreal, and *Miss Helene Ancil* (Notre Dame Hospital, 1927, and public health nursing course, University of Mont-

real, 1936) of the Frontenac Nursing Staff was transferred to St. Hyacinthe.

*Miss Gertrude Gouin* (Notre Dame Hospital, 1937, and public health nursing course, University of Montreal, 1938) Metropolitan nurse in Grand'mere district, recently resigned from the Company's service to join the R.C.A.M.C. as Nursing Sister.

*Miss Therese Maynard* (St. Charles Hospital, St. Hyacinthe, P. Q., 1936) recently resigned from the Mount Royal Staff to join the R.C.A.M.C. as Nursing Sister.

*Miss Pauline Page* (Notre Dame Hospital, Montreal, 1936, and public health nursing courses, University of Montreal, 1938, and University of Toronto, 1939) was appointed to the Metropolitan Nursing Staff and has taken up her duties at the Mount Royal office.

*Miss Marie Reine Boulanger* (Hôpital du St. Sacrement, Quebec City, 1936, and public health nursing course, University of Mont-



real, 1939) took over the Metropolitan Nursing Service in Grand'mere.

Miss Cecil Richer (St. Joseph Hospital, Lachine, P.Q., 1928, and public health nursing course, University of Montreal, 1938) Metropolitan nurse in Joliette, P.Q., will be

transferred to the McGill Nursing Office, and Miss Germaine Tessier (Notre Dame Hospital, Montreal, 1927, and public health nursing course, University of Montreal, 1931) of the McGill Office will replace Miss Richer at Joliette.

### WANTED

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is \$65 a month, with full maintenance. Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, Royal Edward Laurentian Hospital (Ste. Agathe Division), Ste. Agathe des Monts, P.Q.  
(Formerly — The Laurentian Sanatorium)

### WANTED

Applications are invited for the position of Operating Room Supervisor in the Moose Jaw General Hospital. This Hospital has a capacity of 180 beds, and a very active surgical department. For further information apply to:

The Superintendent of Nurses, Moose Jaw General Hospital, Moose Jaw, Sask.

### WANTED

A Night Supervisor, experienced in obstetrics, is required for a 125-bed General Hospital in the Maritime Provinces. The applicant must be registered and have post-graduate preparation, or equivalent, for assuming responsibilities of night supervisor. Apply in care of:

Box 1, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

### WANTED

Applications are invited from English-speaking Nurses with Public Health Certificate. Apply, enclosing credentials, to:

Miss Alice Ahern, Assistant Superintendent of Nursing  
Metropolitan Life Insurance Company, Ottawa, Ont.

### WANTED

Registered Nurses are wanted for day or night duty. The salary is from \$55 to \$65 per month.

A Night Supervisor is also required; the salary is from \$70 to \$75 per month. Apply to:

Great War Memorial Hospital, Perth, Ont.

### WANTED

Applications are invited for the position of Obstetrical Supervisor in a 140-bed Hospital in the Maritimes. When writing please state age, religion, qualifications, and previous experience, and apply in care of:

Box 2, The Canadian Nurse, 1411 Crescent St., Montreal, P.Q.

# Income Tax Exemptions for Private Duty Nurses

*Editor's Note: Just as the Journal goes to press, the following communication has been received from Miss Madalene Baker, chairman of the General Nursing Section:*

Due to the fact that there has been considerable confusion regarding exemptions from income tax levies for nurses engaged in private practice, as these pertain to the 1942 General Tax and that portion of our 1942 income earned prior to September 1942, it seemed advisable to seek a ruling on several matters in order to present a clear picture to private duty nurses practising in Canada. As a result, the following statement from the Federal Income Tax Department sets down all items for legitimate exemption for nurses engaged in private practice:

1. That the Provincial Registration Fee paid by nurses will be allowed as a deduction from income as being a professional expense.

It is noted that in the majority of Provinces this fee includes the Registered Nurses Association Fee for the Province. The Provinces of Ontario and Prince Edward Island are the only exceptions and in these Provinces the Registered Nurses Association Fee will be allowed as a deduction as well as the Provincial Registration Fee.

2. The Organized Registry Fee which is paid for call service for nurses in various towns and cities throughout the Dominion will also be regarded as a business expense and allowed as a deduction.

3. Nurses are to be allowed the cost of hypodermic needles, instruments, rubber gloves and other similar equipment which they purchase for purposes of their profession. They will also be allowed the cost of

text books in connection with nursing. These are also regarded as business expenses.

4. Laundry bills in connection with nurses' uniforms will also be allowed as a business expense.

It will of course be necessary for nurses to submit vouchers covering the above mentioned expenditures.

5. Where a nurse is engaged by a patient in the hospital and the patient is charged for the nurse's meal by the hospital, the nurse will include a flat rate of 35 cents per meal in her income tax return. This flat rate of 35 cents per meal will apply all over Canada regardless of the actual amount which the hospital may charge the patient for the meals supplied to the nurse.

The foregoing applies to all nurses who are working for fees, but does not apply to nurses who are employed on a straight salary basis, such as nurses working in doctors' offices, etc. inasmuch as no expenses are allowed in reduction of a straight salary. This is in accordance with the provisions of Section 10 of the Income War Tax Act.

The following items are not allowed as a deduction from income under any circumstances:

1. Alumnae fees paid by nurses.
2. Cost of car tickets, taxis, etc.
3. Cost of shoes, uniforms, etc.

It was further determined that nurses who are not on a straight salary basis would not be subject to tax deduction at the source on the amounts paid to them by patients. Such nurses will be dealt with as professional persons and required to pay their tax in quarterly instalments. The first quarterly payment of the 1942 tax will be paid on or before the 15th October, 1942, and thereafter payments will be made on or before the 15th day of January, April and July, 1943. Such nurses will be required to file



their 1942 Income Tax Returns on or before the 30th April, 1943.

Nurses who are employed on a straight salary basis, such as nurses in doctors' offices, etc. will be subject to tax deduction at the source and will be required to file their 1942 Income Tax Returns on or before the 30th September, 1943.

## Book Reviews

**The Mathematics of Solutions and Dosage including Simple Arithmetic,** by Margene

O. Faddis, R.N., M.A., associate professor of medical nursing, School of Nursing, Western Reserve University, Cleveland, Ohio, and Herschel E. Grime, Ph.D., supervisor of mathematics, Cleveland Public Schools. 124 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price, 75 cents.

This book owes much of its usefulness to the commonsense which evidently inspired its authors. Their approach is best given in their own words: "This manual is presented in the hope that it may be of help to students who have just entered a school or nursing or are about to do so. It is the outgrowth of the experience of one of the authors in teaching the mathematics of solutions and dosage, an experience of the type held in common by all teachers of this subject. Most of the difficulties of this course would be relatively unimportant if all students came to the school of nursing fully prepared to make simple mathematical calculations; even those inherent in the interchangeable use of the metric and apothecaries systems would be minor. It is the authors' firm conviction that if all students had complete mastery of these skills, the course in the calculation of dosages and the preparation of solutions would be undertaken with eager interest and anticipation instead of with fear and dislike." Part one deals with simple arithmetic, pre-

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(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

sented from a nursing point of view, and special emphasis is given to the need for accuracy. Part Two is concerned with the mathematics of making solutions and computing doses. Exercises whereby the student may test her knowledge are included. It is significant that one of the authors felt the need for a test of this kind which could be used by senior students in high schools who wish to enter schools of nursing. If this book could be jointly analyzed by high school principals and instructors in schools of nursing a long step might be taken toward solving a common problem.

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**Essentials of Dermatology,** by Norman Tobias, M.D., Senior Instructor in Dermatology, St. Louis University. 478 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Building, Montreal. Price \$5.75

The purpose of this book is "to present the growing subject of Dermatology completely and concisely without the sacrifice of detail". Although the book is intended primarily for the use of physicians, it would also serve as a very helpful reference text for nurses. The content is arranged under 32 headings and includes a discussion of the erythema group, eczema, drug eruptions, and toxic bullous diseases such as pemphigus. Forty-five pages are devoted to a description of the various stages of syphilis and the skin lesions associated with this disease are admirably illustrated. The final chapter deals with dermatological therapeutics and concludes with some general suggestions many of which are applicable in the nursing of patients suffering from dermatological disease.

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**The Life of Florence Nightingale,** by Sir Edward Cook, a one-volume reissue of the original two-volume edition. 434 pages. Illustrated. Three appendices, a bibliography and an index. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, \$4.50.

The foreword to this volume has been written by M. Adelaide Nutting and con-



tains a perfect appraisal of its sterling worth: "Among all the innumerable biographies of Florence Nightingale, none compare with this in its penetrating and comprehensive grasp of Miss Nightingale's complex personality and of the tremendous significance and scope of her work. At the outset Sir Edward Cook put aside certain popular and long-entrenched ideas about this almost mythical figure of romance and heroism and placed firmly in the foreground a new conception of her in which her mind was pre-eminent. 'Spacious,' he called it. Great administrative powers, yes; goodness approaching sainthood, yes; these were obvious. But according to many discriminating judges quoted by this biographer and others, it was her clear and powerful intellect that marked her out among all of her contemporaries, both men and women."

The publishers are to be congratulated on their foresight and wisdom in retaining the whole text rather than attempting to bridge it. Although it is many years since this book was originally published, it remains as vivid and as stimulating as when it first appeared. Florence Nightingale herself speaks on every page and, as the lapse of time affords a true perspective, we see clearly that here is one of the greatest women of all time. The reappearance of this nursing classic at this particular juncture is most fortunate. It should be readily available to nurses and to students of nursing everywhere.

**Professional Relationships of the Nurse**, by Helen F. Hansen, M.A., R.N., executive secretary, Board of Nurses Examiners, California. 369 pages, appendix, and index. Published by W. B. Saunders Company; Canadian agents: McAlinsh & Co. Limited, Toronto. Price, \$3.25.

The subject matter of this book is arranged in four units. The first affords an introduction to the social, professional and economic responsibilities of the nurse. The chapter entitled "The nurse and her reading" is particularly good. The second unit deals with local and national nursing organizations in the United States of America and,

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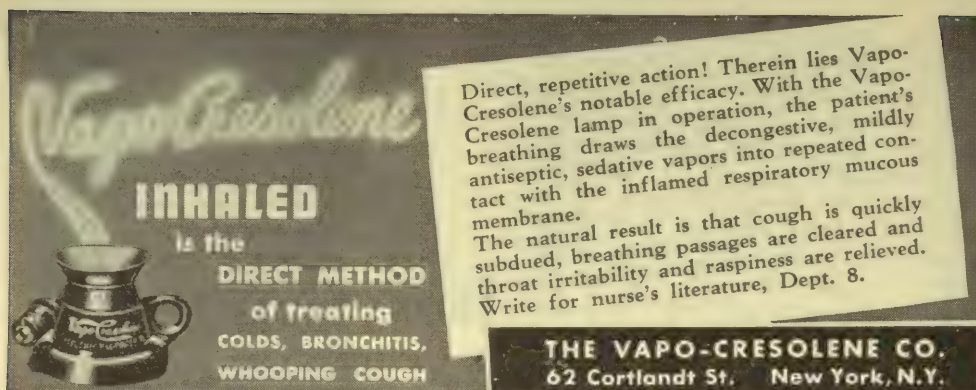
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though very helpful to American nurses, is naturally of less value to Canadian readers. The third unit offers some eminently practical advice concerning the entrance of the nurse into the field of employment and her adjustment to it. The chapters on private duty and on general staff nursing are worthy of special mention. An historical sketch of the International Council of Nurses will be found in unit four. Each unit concludes with a bibliography.

**Handbook for Industrial Nurses**, by Marion M. West, S.R.N., S.C.M. 129 pages. Published by Edward Arnold & Co., London, 1941.

Written primarily for nurses engaged in industry in Britain, many parts of this book are applicable to the rapidly expanding war industries in Canada. While the development of adequate public health nursing services to the community in general is fairly well advanced in the country, we lag behind in the planned programs for the welfare of the workers in our industrial plants. Britain has taken the lead by the passage of an order requiring that all industrial undertakings of sufficient size to warrant the innovation are to have a medical and nursing service. To familiarize the nurse with her part in this vast scheme, particularly the nurse who has had no postgraduate training, this book was written.

Concrete suggestions are made concerning the duties which come within the scope of the industrial nurse. The author clearly indicates the superior service which results when the organization includes a nurse (rather than first aiders only) working under adequate medical supervision: "The nurse must be capable of seeing the patient as an entity... the nurse in the factory who sees only the injured finger and does not attend to the worker as well as to his injury, however slight, fails to grasp the full scope of her work." This aspect of her program may not be fully appreciated by the employer but since it should result in increased efficiency of the workers, the extra supervision will pay dividends to the industry in the long run. As Miss West remarks: "To be successful in industry nurses should seek to know and understand something of the conditions under which people work as well as the actual work they do. She owes it to employer and worker alike to study the work being done so that she may fit her duties in smoothly with as little loss of time as possible. That part of the plant in which the Health and Welfare Department is situated should not be looked upon by the workers or staff as a place to avoid, but as a centre from which radiates practical help, sympathy and understanding of their situation and their needs."

Much of the material in the latter chapters is directly applicable to Britain and is, there-



fore, of little use to a nurse working in Canadian industry. While this book makes reasonably interesting reading, it cannot be recommended as an authoritative text for industrial nurses in Canada.

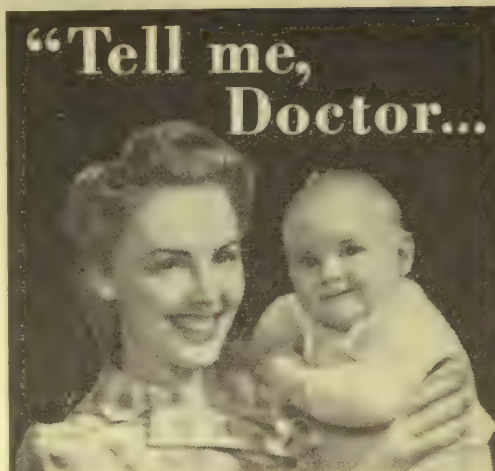
—MARGARET E. KERR

**So Build We**, by Mary Sewall Gardner, A.M., R.N., Honorary President, National Organization for Public Health Nursing. 223 pages. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, \$2.25.

Nobody but Mary Sewall Gardner could have written "So Build We". The humour, insight and sound commonsense of the woman herself shine out on every page. The book is a fictional presentation of the many problems confronting Miss Melton, director of a visiting nurse association. These range all the way from finding a comfortable foster home for Mrs. Finnigan's cat to patching up a quarrel with a militant group of social workers in so masterly a fashion that a council of agencies grew out of it. Miss Melton proves to be particularly adept in her approach to staff relationships and adjustment and the personal factors which extend into her choice of her assistant are confessed with a disarming frankness. She also displays both sympathy and understanding in her dealing with modern youth, especially in the handling of the aftermath of a motor accident, due to drunken driving, that came dangerously near disaster for one young nurse.

Miss Gardner has a keen eye for character. The board members, male and female, come alive, and the portrait of the disillusioned but indispensable secretary is a gem. This book will be read with equal interest by young executives and by those old hands in public health work who may wish to compare their own methods with those of Miss Melton. Board and committee members will find it a vivid picture of the situations with which their director constantly has to deal in her daily working life. This is also a book for those members of the lay public who are interested in seeing how the wheels of a public health nursing organization go round.

OCTOBER, 1942



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## NEWS NOTES

### ALBERTA

#### EDMONTON:

Members of the graduating class of the School of Nursing of the Edmonton General Hospital were guests of honour at several affairs prior to their graduation. A banquet was held by the Alumnae Association and Miss Alice Mitchell presided as toast-master. In her address, the president, Miss Bietsch welcomed the graduates to the Association and granted them free membership for one year. At the graduation exercises the Lieutenant-Governor of Alberta was a guest speaker. His Grace, Archbishop John H. MacDonald, presented the diplomas to 27 graduates.

Jessie Daniel was the recipient of a general proficiency medal given by the Alumnae Association. Clara Dietrich was awarded the medical nursing prize. For proficiency in surgical nursing, a special prize was awarded to Caroline Jacobs. Jean Richardson was the winner of the scholarship given by Rev. Sister Superior O'Grady which will assist Miss Richardson to take a post-graduate course at the Royal Victoria Hospital in Montreal.

The valedictory was given by Miss Thelma Cushing. The refresher course is being sponsored by the Alumnae Association and will be organized by the president, Miss E. Bietsch. Already there are 34 applicants for the course which will consist of 15 two-hour lectures and two-hour ward observation periods daily in any department.

### MANITOBA

#### WINNIPEG:

##### *Winnipeg General Hospital:*

Mrs. Harry Williams (Emily Neil, 1923) has recently returned to Winnipeg with her husband and family. Dr. Williams has been a medical missionary in Chengtu, China.

The following marriages have recently taken place: Lila Heller (1933) to Pte. Gordon Farrell; Elizabeth Gamble (1940) to Carl Flemming; Dorothy Pilkey (1942) to Lieut. Edward Hudson; Merle Greenway (1940) to Wm. Shaughnessy.

### NOVA SCOTIA

#### NEW GLASGOW:

The largest preliminary class of 13 nurses recently began their new course of studies at the School of Nursing of the Aberdeen Hospital.

Miss Helen Wilson, who has held the post of superintendent of nurses for the past year at A. H., has resigned for military duty. Her position has been filled by Miss Jessie McCann, a graduate of the Victoria General Hospital, Halifax, and of the McGill School



for Graduate Nurses. Miss Isobel Thompson (1936), Miss Jean Johnson (1941) and Miss Nellie Mahoney (St. Martha's Hospital, Antigonish) have joined the R.C.A. M.C. as Nursing Sisters. Miss Rita Langille (1940) has recently been appointed to the staff of the A. H. as supervisor of the maternity department.

The following marriages have recently taken place: Jean Saunders (1941) to George MacLane; Kathleen Freeman (1942) to L.A.C. David Bradbury, R.C.A.F.

## ONTARIO

### DISTRICTS 2 AND 3

#### KITCHENER:

##### *Kitchener & Waterloo Hospital:*

Miss Arleeta Marie King (1937) is the second twin city nurse to arrive in South Africa to serve in the South African Military Hospitals. A native of Brantford, she did private duty work in Kitchener after her graduation. She took a post-graduate course in surgery at the Toronto Western Hospital, and for the past two years has been operating room supervisor at the K.W.H.

Miss Frances Marion Oakes (1930) has arrived safely in England. Before going overseas Miss Oakes was Matron-in-Chief, R. C. A. F. Technical Training Centre, St. Thomas.

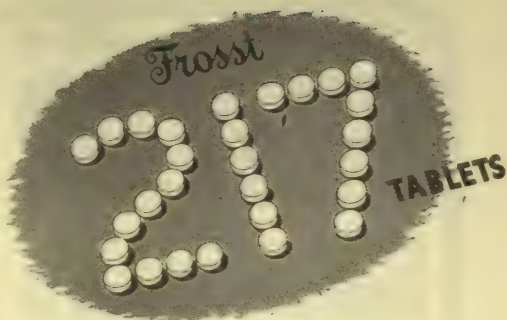
Married: Recently, Miss Eleanor Gilmore (1938) to Mr. L. Chappel.

### DISTRICT 4

#### ST. CATHARINES:

The Alumnae Association of the Mack Training School (St. Catharines General Hospital) held its annual meeting on September 2. Among the items of business discussed were the helping with Navy League ditty bags, and the plans for a Bureau of Nursing, which it is hoped will soon be an actuality in St. Catharines. The officers for the ensuing year are as follows: Honourary presidents: Miss Anne Wright, Miss Margaret Kelman, Miss Margaret Hughes, Miss Eugenie Hibbard; president, Miss Evelyn Buchanan; first vice-president, Miss Reta Fowler; second vice-president, Miss D. Colvin; secretary, Miss Wyanona Sayers; treasurer, Miss Evelyn Dougher; program convener, Miss Janet Turner; social convener, Mrs. Michael Zaritsky; flower convener, Miss Louis Koltmeier; visiting, Miss Stella Murray; press, Miss Helen Brown; representative to *The Canadian Nurse*, Miss Marguerite Moulton; advisory committee: Mrs. James Parnell, Mrs. Charles Hesburn.

The School was proud to share in the honour which came to a graduate of the Class of 1897, Miss Emma Roberts, upon



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whom the honorary degree of Master of Science was conferred by the University of Toledo, earlier in the year.

As this autumn marked the fiftieth anniversary of two graduates of the Mack Training School, plans had been made to celebrate the event. Miss A. E. Hutchison, of Brechin, Ont., a former superintendent of the School, was unable to be present, but her letter contrasting the nursing conditions of fifty years ago, and of today was very vivid. Miss Margaret Kelman, of Toronto, whose long years of distinguished service as a visiting nurse are well known, and whose loyalty and unfailing interest in her Alumnae Association are a constant inspiration, received her gift at the hands of Mrs. James Parnell and Miss Charlotte Tuck. She disclaimed any credit for what she has accomplished, saying simply "God has given me good health" and wishing for all her fellow graduates "fifty years of happiness—even if it's not all in nursing."

Miss Wright paid tribute to the memory of the late Mrs. Harry Southcott, a member of the Board of Governors, and the nurses stood silent in remembrance of one who has through the years been a friend of their profession. A social hour followed at which representatives from the various groups associated with the hospital came to bring their good wishes to Miss Kelman, and the members of the Class of 1942 met with the group they are so soon to join.

The following marriages have recently taken place: Eleanor Lamb (1940) to Joseph Fawcett; Verna Beard (1939) to Ward Hagar; Edith Bachert (1925) to Harry Fluke; Dorothy Harris (1941) to Lieut. D. MacKinnon; Yvonne White (1940) to Dr. Michael Zaritsky; Donald Vaale (1932) to LAC Frank Windebank.

## DISTRICT 5

Toronto Department of Health,  
Division of Public Health Nursing:

A great many changes have taken place in the Nursing Division of the Toronto Health Department. A development of outstanding interest is the nursing service for secondary schools. The following nurses have been assigned to service in them: Grace Garrow (Grace Hospital, 1919), Ruth Kent (Johns Hopkins Hospital, 1938), Marjorie Larkin (St. Michael's Hospital, 1924), Viola Copp (Toronto General Hospital, 1932), Mary Swan (Johns Hopkins Hospital, 1938), Miss McGinnis (Hospital for Sick Children, 1919), Pearl Stiver (Toronto Western Hospital, 1932), Clara Vale



(Toronto General Hospital, 1923), Janet Davidson School of Nursing, University of Toronto, 1940), Louise Tucker (School of Nursing, University of Toronto 1936), Constance Nettleton (Toronto General Hospital, 1919), and Muriel Tait (Wellesley Hospital, 1932). Several new appointments have occurred in the Nursing Division: Marion J. Boaz (Hospital for Sick Children, 1930), Dorothy L. Hare (Toronto General Hospital, 1940), Ethelwyn A. Jeffers (Hospital for Sick Children, 1941), Helen G. Morrow (School of Nursing, University of Toronto, 1941), Jean A. McGillis (Toronto General Hospital, 1940) and Ethel A. Robertson (Toronto General Hospital, 1928).

Miss Dorothy Shantz, for seven years assistant dietitian at the Toronto General Hospital, has been appointed nutritionist attached to the Nursing Division. Miss Elvira Manning (Toronto General Hospital, 1920) resigned from the Nursing Division in order to take over the duties of superintendent of Junior Red Cross activities in Toronto. Miss Manning succeeds Miss Cory Taylor whose recent sudden death came as a shock to so many friends.

## PRINCE EDWARD ISLAND

### CHARLOTTETOWN:

The present totalitarian war with its varied and urgent demands has made the nation realize that it is not a conflict of armies but of individuals and groups of individuals. Problems which never before, perhaps, have arisen now forcibly present themselves in this grave national emergency. Therefore it is not surprising that the nursing profession should not only be involved but deeply concerned in supplying its quota of endeavour in the particular and necessary field of medical effort. Among the many ways recommended by the Canadian Nurses Association toward this end was one of supreme importance—a parallel to post-graduate work in the medical profession—that of the establishment of refresher courses for the benefit of both active and inactive nurses.

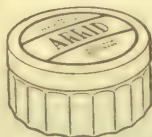
The Registered Nurses Association of the smallest province wishing to perform its small part in the Dominion-wide "all-out" effort aligned itself with the activities of Nursing Headquarters and inaugurated, as a war measure, a series of lectures and demonstrations so that active and inactive nurses might refresh themselves in medical and surgical knowledge already acquired and at the same time become acquainted with newer methods of practice. The first of this series was opened in Charlottetown at the P.E.I. Hospital. It was especially gratifying to observe the interest shown in the movement by

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the large representation of married nurses present. The course was so arranged as to provide a good working knowledge such as might be required to meet the needs in the event of an epidemic or emergency. A comprehensive survey of tuberculosis and its nursing care was given by Dr. E. M. Found, assistant superintendent of the Provincial Sanatorium and Miss Barbara Smith respectively. The medical aspect of meningitis and poliomyelitis were comprehensively dealt with by Dr. J. W. MacKenzie, while the nursing care of these diseases were discussed by Mrs. Lois MacDonald and Miss Katharine MacLennan. The treatment, care and management of burns are topics of numerous articles in medical literature since the beginning of hostilities and their importance were duly recognized in well planned lectures by Dr. J. A. MacMillan and Sr. Mary Angela. The value of blood plasma was the subject of a talk by Miss Annie McEachern. Food facts and fallacies were presented by Rev. Mother Loyola; reduction and other diets by Miss Marjorie Chandler; and instruction to a diabetic was demonstrated by Mrs. Marjorie MacQuarrie. First aid talks by Mrs. Ina Beer, public health nurse, and a demonstration of the use of the respirator brought the course to a close. It must be freely admitted that such courses held throughout Canada cannot help but be of inestimable value to the nursing profession in this time of stress.

**QUEBEC**

**MONTREAL:**

*Montreal General Hospital:*

Miss Margaret Carson (1937) has accepted the position of instructress at the Royal Columbian Hospital, New Westminster, B.C. Miss Jean Hall (1942) has been appointed to the staff of the Central Division. Miss Lowten French (1926) is doing industrial nursing with the National Breweries.

The following marriages have recently taken place: Jean W. McNair (1940) to Flight Lieut. Norman Brown, R.C.A.F.; Dorothy M. Mimms (1935) to Walter R. Girling.

*Royal Victoria Hospital:*

Word has been received by her parents that Miss Gladys Collard (1939) is a prisoner in Hong Kong. Miss Nancy Hurst, Miss Cathryn Cummings, Miss Helen Perry, and Miss Mary Harling are taking post-graduate courses at the McGill School for Graduate Nurses. Miss Adelaide Haggart (1937) has been added to the teaching staff.



The following marriages have recently taken place: Phyllis Crabtree (1941) to Albert Lee Pomeroy; Edith Harding (1931) to Rev. Randall Stringer; Marion Steeves (1940) to Dr. Warren Smith.

### *McGill School for Graduate Nurses:*

Mrs. Veronique E. LeBlond (P.H.N., 1938) has been granted leave of absence from the City of Westmount, Montreal, where she was engaged as school nurse, and is now serving with No. 17 Canadian General Hospital, French-Canadian Unit, R.C. A.M.C. Miss Elsie King (P.H.N., 1937) has resigned from the staff of the V.O.N., Montreal, and is now on the staff of the Protestant Foster Home Centre, Montreal.

Recent visitors to the School included: Miss Alice Palmquist (T. & S., 1940), Miss Lillian Baird (P.H.N., 1940), Miss Helen M. C. Saunders (P.H.N., 1936), Miss Martha Earle (P.H.N., 1940), Miss Laura Lambe (T. & S., 1936), and Mrs. Smith (Elizabeth Matheson, Teaching, 1922).

### QUEBEC CITY:

Married: Recently, Miss Eva Mackenzie (Jeffery Hale's Hospital) to Mr. Rufus Cromwell.

### SASKATCHEWAN

#### SASKATOON:

The appointment of Matron Dorothy Mary Riches to be a Principal Matron has been announced. Miss Riches is a graduate of the University of Saskatchewan and received her training at the Royal Victoria Hospital, Montreal where she was head nurse of the women's medical ward for three years. Following a post-graduate course in teaching and supervision at the McGill School for Graduate Nurses, Miss Riches accepted a position as instructor of nurses in the Royal Jubilee Hospital, Victoria. When No. 8 General Hospital Unit was organized in Saskatchewan, Miss Riches resigned from the R. J. H. and returned to Saskatchewan to join the Unit as a Nursing Sister.

The following staff members of the City Hospital have left to assume post-graduate study in the East: Alice Robinson (1938), operating room technique, Royal Victoria Hospital, Montreal; Margaret Wilker (1941), teaching and supervision, McGill School for Graduate Nurses; Norma Wylie (1941), Kathleen DeMarsh (1941), and Beatrice Marshall (R.A.H., Edmonton, 1939): teaching and supervision, School of Nursing, University of Toronto.



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By Nina D. Gage and J. F. Landon. A clear, concise, comprehensive text covering all the important features of common contagious diseases. Nursing care of each disease is given, as well as descriptions of the course of various communicable diseases and methods of treatment. Second edition, 1940. \$4.40

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*In these stirring times . . . one sometimes feels the need of a temporary escape into a peaceful retreat . . . where one could let the world go by . . . For most of us this remains a dream . . . but the other day we heard of a sort of private Shangri-la which set us thinking . . . It seems that two of our contemporaries cherish a Spartan concept which has been a great comfort to them through the years . . . When they were young, they shared the salutary experience of living in a very lonely place with a beautiful Indian name that unfortunately just means Wild Cat Lake . . . No telephones, no radios, not even any railways . . . Journeys in summer were made in birch-bark canoes and Wild Cat Lake often lived up to its name . . . In winter they sallied forth on snowshoes . . . or got a ride behind a team of husky dogs . . . Full of life and energy, they soon escaped from this environment . . . and led fairly strenuous lives in different parts of the great world outside . . . But there came a time when they began to see that life on Wild Cat Lake had a dignity and a beauty of its own . . . It had given them all the simple things they needed . . . food and shelter . . . books and music . . . the sound of lake water on the stones and the wind in the pines . . . The grace and comfort of daily life had been theirs because each had her special skill . . . one had a light hand with home-made bread . . . and the other could fry venison to perfection . . . One could chop down a dead tree and have it fall just where she wanted it . . . the other was good with a buck-saw . . . One hated filling the kerosene lamps . . . so she offered to clean the fish instead . . . As the years went by . . . our friends sometimes found the going a bit hard . . . and when this happened one would write to the other and say "What about going back to Wild Cat Lake?" . . . Fortunately this idea never seemed to appeal to both of them at the same time . . . and so neither of them ever gave up a hard job because things weren't going well . . . Perhaps they couldn't afford to anyway, either in terms of money or self-respect . . . Yet they never forgot that the lake was still there, waiting for them to come home . . . This summer they went to take a look at it . . . and found that there are lots of big fish . . . and that the blueberries were plentiful . . . though the water was too high for the wild rice to do well . . . They are a bit doubtful now about their skill with axe and saw . . . but it seems there are still some Indians about who would chop up enough firewood to keep them warm in the winter . . . They looked so happy that we asked them whether we might go with them someday . . . on a self-sustaining basis . . . They seemed a bit dubious . . . "Could you skin a rabbit?" they said sternly . . . "Not very well," we admitted sadly . . . "but we can fish through a hole in the ice" . . . They said they would think it over and let us know . . . but we haven't heard from them yet . . .*

— E. J.



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**Nova Scotia:** (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

**Ontario:** (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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#### General Nursing Section

**CHAIRMAN:** Miss M. Baker, 249 Victoria St., London, Ont. **First Vice-Chairman:** Miss P. Brownell, 212 Balmoral St., Winnipeg, Man. **Second Vice-Chairman:** Miss M. McMullen, St. Stephen, N.B. **Secretary-Treasurer:** Miss A. Conroy, 404 Regent St., London, Ont.

D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 84 Gilchrist St., Ottawa.

**Prince Edward Island:** (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown; (3) Miss Mary Leslie, Montague; (4) Miss Eileen McGough, 152½ St. George St., Charlottetown.

**Quebec:** (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; (3) Miss Kathleen Dickson, Royal Edward Institute, Montreal; (4) Miss Anne-Marie Robert, 5484A St. Denis St., Montreal.

**Saskatchewan:** (1) Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; (2) Rev. Sister Mandin, St. Paul's Hospital Saskatoon; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

**Chairmen, National Sections:** **Hospital and School of Nursing:** Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. **Public Health:** Miss Lyle Creelman, 2570 Spruce St., Vancouver, B.C. **General Nursing:** Miss Madalene Baker, 249 Victoria St., London, Ont. **Convenor, Committee on Nursing Education:** Miss E. K. Russell, 7 Queen's Park, Toronto, Ont.

**COUNCILLORS:** **Alberta:** Miss G. M. B. Thorne, 332-21st Ave. W., Calgary. **British Columbia:** Mrs. E. B. Thomson, 1095 West 14th St., Vancouver. **Manitoba:** Miss E. Campbell, 778 Ingersoll St., Winnipeg. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia:** Miss M. Ripley, 46 Dublin St., Halifax. **Ontario:** Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. **Prince Edward Island:** Miss E. McGough, 152½ St. George St., Charlottetown. **Quebec:** Miss A. M. Robert, 5484A St. Denis St., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

#### Public Health Section

**CHAIRMAN:** Miss L. Creelman, 2570 Spruce St., Vancouver, B. C. **Vice-Chairman:** Mlle A. Martineau, Dept. of Health, Montreal, P. Q. **Secretary-Treasurer:** Mrs. G. Langton, University of British Columbia, Vancouver, B. C. **COUNCILLORS:** **Alberta:** Miss Helen Garfield, 713-3rd St. E., Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss E. Rowlett, 125 Nassau St., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss W. Ashplant, 807 Waterloo St., London. **Prince Edward Island:** Miss Mary Leslie, Montague. **Quebec:** Miss Kathleen Dickson, Royal Edward Institute, Montreal. **Saskatchewan:** Miss Gladys McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

Pres., Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Catherine M. Clibborn, University of Alberta Hospital, Edmonton; Sec. Vice-Pres., Sister M. Beatrice, St. Michael's Hospital, Lethbridge; Sec. Treas. & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss B. A. Beattie, Provincial Mental Hospital, Ponoka, Miss G. Bamforth, Miss H. M. Garfield, Miss A. J. Carlson; *Chairmen of Sections: Hospital & School of Nursing* Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; *Public Health*, Miss Helen M. Garfield, 713-3rd St. E., Calgary; *General Nursing*, Miss Gertrude Thorne, 332-21 Ave., W., Calgary; *Rep. to The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tambllyn, Provincial Mental Hospital, Ponoka; *Representative to The Canadian Nurse*, Miss Nessa Leckie.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections: Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec-Treas. Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crockford; *Representatives to: Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

### Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V. Leadlay; *Committee Conveners: Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps. to: Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

### Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostulk; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

Pres., Miss M. Duffield, 1675-10th Ave. W., Vancouver; First Vice-Pres., Miss M. E. Kerr; Sec. Vice-Pres., Miss G. M. Fairley; Sec., Miss

P. Capelle, Rm. 1012, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 1012, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections: Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St., Vancouver; *General Nursing*, Mrs. E. B. Thomson, 1095 W. 14th Ave., Vancouver; *Press*, Miss M. E. Macdonell, 2570 Spruce St., Vancouver.

## MANITOBA

### Manitoba Association of Registered Nurses

Pres., Mrs. A. C. McPetridge, 418 Campbell St. Winnipeg; First Vice-Pres., Miss E. McNally, Brandon General Hospital; Sec. Vice-Pres., Miss I. McDiarmid, 363 Langside St., Winnipeg; *Board Members*: Miss L. Stewart, 168 Chestnut St. Winnipeg; Miss H. Coram, 172 Chestnut St. Winnipeg; Miss P. Hart, 320 Sherbrooke St., Winnipeg; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; Mrs. F. Wagner, Grace Hospital, Winnipeg; Miss A. O'Brien, Souris & Glenwood Memorial Hospital; Rev. Sister Clermont, St. Boniface Hospital; *Conveners of Sections: Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *Public Health*, Miss E. Rowlett, 125 Nassau St. Winnipeg; *General Nursing*, Miss E. Campbell, 778 Ingersoll St., Winnipeg; *Committee Conveners: Instructors Group*, Miss A. Carpenter, Children's Hospital, Winnipeg; *Social*, Mrs. W. S. McElheran, 969 Dominion St., Winnipeg; *Legislative*, Miss E. Wilson, 668 Bannatyne Ave., Winnipeg; *Membership*, Miss D. Earle, Victoria Hospital, Winnipeg; *F.N.M. Loan Fund*, Miss Z. Beattie, St. Boniface Hospital; *Directory*, Miss Besant, Victoria Hospital, Winnipeg; *British Nurses Relief Fund*, Mrs. T. Hulme, 20 Waldron Apts. Winnipeg; *Visiting*, Mrs. W. Hryhorchuk, Grace Hospital, Winnipeg; *Representatives to: Council of Social Agencies*, Miss F. Robertson, 753 Walseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin, 187 Kennedy St., Winnipeg; *The Canadian Nurse*, Miss L. Stewart, 168 Chestnut St., Winnipeg; *Local Council of Women*, Mrs. B. Moffatt, 1183 Dorchester Ave., Winnipeg; Executive Secretary and School of Nursing Advisor, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., Miss L. Bartsch; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss D. Parsons, Fredericton; Sister Anne de Parede, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Follis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec-Treas-Registrar, Miss Alma Law, Health Centre, Saint John; *Conveners of Sections: Hospital & School of Nursing*, Miss M. Myers, *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees: Legislation*, Miss B. L. Gregory; *Instruction*, Miss Boyd, St. Stephen; *The Canadian Nurse*, Miss H. Cahill.

## NOVA SCOTIA

### Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Vickers Lane, Sydney Mines; Sec. Vice-Pres., Miss Jane Watkins, 68 Henry St., Halifax; Third Vice-Pres., Miss A. E. Richardson, Blanchard-Fraser Memorial Hospital, Kentville; Rec. Sec., Miss Lillian Grady, Halifax Infirmary, Halifax;



Registrar - Treasurer - Corresponding Secretary, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep. to The Canadian Nurse*, Mrs. Dorothy Luscombe, 864 Spring Garden Rd., Halifax.

## ONTARIO

### Registered Nurses Association of Ontario

Pres., Miss Mildred I. Walker; First Vice-Pres., Miss J. Masten; Sec. Vice-Pres., Miss M. B. Anderson; Sec.-Treas., Miss Matilda E. Fitzgerald, Rm. 630, 86 Bloor St. W., Toronto; *Chairmen of Sections: Hospital & School of Nursing*, Miss L. D. Acton, Kingston General Hospital; *General Nursing*, Miss D. Ogilvie, 84 Gilchrist Ave., Ottawa; *Public Health*, Miss W. Ashplant, 807 Waterloo St., London; *Chairmen of Districts*: Mrs. C. Salmon, Miss M. Bliss, Miss M. Buchanan, Miss K. McNamara, Miss I. Shaw, Miss M. Crawford, Miss M. Stewart, Miss J. Smith, Miss M. Buss.

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#### Districts 2 and 3

Chairman, Miss M. F. Bliss; First Vice-Chairman, Mrs. K. Cowie; Sec.-Treas., Miss H. D. Muir, Brantford General Hospital; *Councillors*: Misses E. Eby, F. McKenzie, C. Attwood, M. Grieve, L. Trusdale, G. Westbrook; *Section Conveners: General Nursing*, Miss E. Clark; *Hospital & School of Nursing*, Miss J. Watson; *Public Health*, Miss M. Hackett.

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Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; *Councillors*: Sister Mary Grace, Misses Brewster, Cameron, Wright, Mrs. Day, N/S Boyd; *Conveners: Hospital & School of Nursing*, Sr. Eileen; *Public Health*, Miss H. Snedden; *General Nursing*, Miss S. Murray; *Emergency Nursing*, Mrs. A. Haygarth.

#### District 5

Chairman, Miss K. McNamara; First Vice-Chairman, Miss P. Morrison; Sec.-Treas., Mrs. G. L. Williamson, 24 Drake Cres., Scarboro Bluffs; *Councillors*: Misses I. Weirs, G. Jones, J. Mitchell, E. Grant, R. Russell, A. Reddon; *Committee Conveners: General Nursing*, Miss M. Hughes; *Public Health*, Miss L. Pettigrew; *Hospital & School of Nursing*, Miss B. MacPhedran.

#### District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss E. Covert; Third Vice-Chairman, Miss E. Wright; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Conveners: Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Mrs. E. Brackenridge; *Public Health*, Miss H. McGeary; *Membership*, Miss N. Brown; *Enrolment*, Miss E. Meeks; *Finance*, Miss F. Fitzgerald.

#### District 7

Chairman, Miss M. Crawford; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, Hanna, E. Moffatt, Gavan, Rev. Sr. Donovan; *Conveners: Hospital &*

*School of Nursing*, Miss L. Acton; *General Nursing*, Miss E. MacLean; *Public Health*, Miss D. Storms; *Rep. to The Canadian Nurse*, Miss B. Coulter.

#### District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Miss J. Stock, 390 Chapel St., Ottawa; *Councillors*: Misses I. Allen, L. Brulé, W. Cooke, V. Foran, M. Lowry, H. O'Meara; *Conveners: Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *Public Health*, Miss C. Livingston; *General Nursing*, Miss F. Nevins; *Pembroke Chapter*, Mrs. B. Kipke; *Cornwall Chapter*, Miss M. McWhinnie; *Rep. to The Canadian Nurse*, Miss H. Tanner.

#### District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

#### District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss B. Roberts; Sec.-Treas., Miss D. Chedister, General Hospital, Port Arthur; *Councillor*, Miss A. Baillie; *Committee Conveners: Hospital & School of Nursing*, Miss M. Flanagan; *Public Health*, Miss E. Newson; *General Nursing*, Miss I. Morrison; *Program Committee*: Misses V. Lovelace, H. MacNaughton.

## PRINCE EDWARD ISLAND

### Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

## QUEBEC

### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honorary Secretary, Mlle Alice Albert; Honorary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Mlles Maria Roy, Maria Beaumier, Annonciade Martineau; *Advisory Board*: Misses Jean Wilson, Marion Lindeburgh, Catherine M. Ferguson, Esther M. Beith, Rév. Soeur Marie de l'Eucharistie (Québec), Mlles Edna Lynch, Juliette Trudel; *Conveners of Sections: General Nursing* (French), Mlle Anne-Marie Robert, 5484A St. Denis St., Montréal; *Hospital & School of Nursing* (English), Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; *Hospital & School of Nursing* (French), Rév. Soeur Déarcy, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Marie Euphémie Cantin, 4642 St. Denis St., Montréal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Mlles Alexina Marchessault, Anyse Deland, Rév. Soeur Marie Claire Rheault;

Executive Secretary, Registrar & Official School Visitor, Miss E. Frances Upton, Ste. 1019, Medical Arts Bldg., Montreal.

### SASKATCHEWAN

#### Saskatchewan Registered Nurses Association (Incorporated 1917)

Pres., Miss M. R. Diederichs, Regina Grey Nuns' Hospital; First Vice-Pres., Miss M. E. Ingham, Moose Jaw General Hospital; Sec. Vice-Pres., Miss E. R. Pearston, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Rev. Sister Hildegard, St. Elizabeth's Hospital, Humboldt; *Chairmen of Sections*: *General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; *Public Health*, Miss Gladys McDonald, 6 Mayfair

Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

#### Regina Registered Nurses Association

Hon. Pres. Sister Tougas; Pres., Miss M. McRae; First Vice-Pres., Miss D. Lewis; Sec. Vice-Pres. Mrs. Storey; Sec., Mrs. M. Stocker, 22 Qu'Appelle Apts.; Ass.-Sec., Miss V. Kiesel; Treas. & Registrar, Mrs. H. Regan; *Conveners*: *Registry*, Miss Grad; *Program*: Misses Sharp, Blackwood; *Membership*: Miss McLaughlin, Mrs. Racette; *Social*, Misses Wilkins, Brown; *General Nursing*, Miss Sissons; *Hospital & School of Nursing*, Miss Thompson; *Public Health*, Miss Riley; *Finance*, Mrs. Deverell; *War Services*, Miss Spelliscy; *Sick Nurses*, Misses Turnbull, Martin; *The Canadian Nurse*, Miss Winning.

## Alumnae Associations

### ALBERTA

#### A.A., Calgary General Hospital, Calgary

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#### A.A., Holy Cross Hospital, Calgary

President, Mrs. Cyril Holloway; First Vice-President, Mrs. D. Overand; Second Vice-President, Miss L. Aiken; Recording Secretary, Mrs. B. McAdam; Corresponding Secretary, Mrs. J. E. Hood, 211 Anderson Apts.; Treasurer, Mrs. E. Bragg.

#### A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Sr. M. O'Grady, Sr. F. Neuhausel; Pres., Miss E. Bietsch; First Vice-Pres., Mrs. R. Price; Corr. Sec., Miss J. Slavik, E.G.H.; Rec. Sec., Miss A. Stochinski; Treas., Miss E. Wallsmith; *Private Duty*, Miss M. Hozak; *Visiting Committee*: Misses Nelson, Deschatelets; *Standing Committee*: Misses Kuntz, Beaton, Barden, Ryan, Mrs. Lowing.

#### A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Miss Einarson; First Vice-Pres., Miss I. Johnson; Sec. Vice-Pres., Mrs. R. Boyd; Rec. Sec., Mrs. M. Hall; Corr. Sec., Mrs. W. White, R.A.H.; Treas., Miss F. Toby; *Committee Conveners*: *Program*, Mrs. J. White; *Visiting*, Miss T. Holm; *Social*, Miss K. Dunlop; *News Letter*, Miss A. Piercy; *Benefit*, Miss I. Johnson; *Scholarship*, Miss G. Allyn; *Executive*: Miss A. Anderson, Mmes J. F. Thompson, P. Baker.

#### A.A., University of Alberta Hospital, Edmonton

Hon. Pres., Miss Helen S. Peters; Pres., Miss G. Vickers; Vice-Pres., Miss A. Whybrow; Rec. Sec., Miss D. Russell; Corr. Sec., Mrs. N. Alexander, 11045-82nd Ave.; Treas., Miss M. Baxter; *Social Convener*, Mrs. F. Beddome; *Rep. to Press*, Mrs. N. Pound; *Executive Committee*: Misses M. Strachan, A. Revell, B. Sloane.

#### A.A., Lamont Public Hospital, Lamont

Honorary President, Miss F. E. Welsh, Goderich, Ont.; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrold; Secretary-Treas.

urer, Mrs. B. I. Love, Elk Island National Park, Lamont; *News Editor*, Mrs. Peterson, Hardisty; *Convener, Social Committee*, Miss Ada Sandell.

#### A.A., Vegreville General Hospital, Vegreville

Hon. President, Sister Anna Keohane; Hon. Vice-President, Sister J. Boisseau; President, Mrs. Stanley Walker, Vegreville; Vice-President, Mrs. Rennie Landry, Vegreville; Secretary-Treasurer, Miss Annie Askin, Box 213, Vegreville; *Visiting Committee* (chosen monthly).

### BRITISH COLUMBIA

#### A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Phillippe; Hon. Vice-Pres., Rev. Sr. M. Columbkille; Pres., Miss J. Mitchell; Vice-Pres., Mrs. F. Engby; Sec., Miss B. Falk, 3776-38 Ave. W; Treas., Miss E. Atterbine; Registrar, Miss Stewart; *Committee Conveners*: *Social*, Miss Walters; *Program*, Miss M. Bell; *Visiting*, Miss McCauley; *Mutual Benefit*, Miss McGee; *Press*, Miss N. Johnson; *Rep. to The Canadian Nurse*, Miss C. Bryant.

#### A.A., Vancouver General Hospital, Vancouver

Hon. Pres., Miss G. Fairley; Pres., Miss F. Innes; First Vice-Pres., Miss L. Creelman; Sec. Vice-Pres., Mrs. A. Grundy; Rec. Sec., Miss N. Cunningham; Corr. Sec., Miss L. Lore, 1589 E. Broadway; Treas., Mrs. F. L. Faulkner; *Committee Conveners*: *Mutual Benefit*, Miss M. Edwards; *Visiting*, Mrs. M. Appleby; *Social*, Mrs. G. E. Gillies; *Membership*, Miss W. Neen; *Refreshment*, Miss S. McDiarmid; *Program*, Mrs. R. Stevens; *Rep. to Press*, Miss M. McDonnell.

#### A.A., Royal Jubilee Hospital, Victoria

President, Mrs. D. J. Hunter; First Vice-Pres., Mrs. D. MacLoud; Sec. Vice-Pres., Miss R. Kirkendale; Sec., Mrs. J. A. McCague, 3106 Glasgow Ave.; Assist. Sec., Miss M. Bawden; Treas., Mrs. Jack Boorman, 2957 Foul Bay Rd.; *Committee Conveners*: *Visiting*, Mrs. F. Hall; *Membership*, Mrs. J. Boorman; *Rep. to Press*, Miss D. Van.

#### A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Kathleen; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. G. Rose; Vice-Pres., Mrs. J. Grant; Sec. Vice-Pres., Mrs. I. Welch; Rec. Sec., Mrs. J. Stokes; Corr. Sec., Miss G. Wahl, St. Joseph's Hospital; Treas., Miss M. Murphy; *Press*, Miss J. Cooney; *Councillors*: Mmes Ridewood, Bryant, Sinclair, Lewis; *Vital Statistics*, Miss Cruickshank.



## MANITOBA

## A.A., St. Boniface Hospital, St. Boniface

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Mrs. W. Crosby; Pres., Mrs. W. McElheran; First Vice-Pres., Miss S. Wright; Sec. Vice-Pres., Miss W. Grice; Rec. Sec., Miss H. Fairbairn; Corr. Sec., Miss D. Webster, 184 River Ave., Winnipeg; Treas., Miss H. Oliver; Archivist, Miss Margason; *Advisory Committee*: Miss MacCallum, Mmes McElheran, Greville, Groelle, L'Eucyer, Rev. Sr. Superior; *Conveners*: Visiting, Miss Johnson; *Social & Program*, Miss Rungay; *Membership*, Miss Vandecar; *Reps. to The Canadian Nurse*, Miss Watson; *M.A.R.N.*, Miss Troendle; *Man. Directory*, Mrs. Shinmowski; *Local Council of Women*, Mrs. Shankman.

## A.A., Children's Hospital, Winnipeg

Pres., Mrs. W. Stewart; First Vice-Pres., Miss M. Perley; Rec. Sec., Miss E. Hyndman; Corr. Sec., Miss E. Young, 91 Home St.; Treas., Miss B. Thain, 21 Stratford Hall; *Conveners*: *Program*, Miss M. Smith; *Ways & Means*, Mrs. H. Moore; *Visiting & Red Cross*, Mrs. Campbell; *Membership*, Miss R. Hutton; *News Editor*, Mrs. G. Jack.

## A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss C. Lethbridge; First Vice-Pres., Miss K. McLearn; Sec. Vice-Pres., Miss E. Wilson; Third Vice-Pres., Mrs. S. Ward; Rec. Sec., Miss J. Smith; Corr. Sec., Miss A. Robertson, 112 Royal St.; Treas., Miss F. Stratton; *Committee Conveners*: *Program*, Mrs. C. Kershaw; *Membership*, Miss A. Porter; *Visiting*, Miss G. McKeever; *Journal*, Mrs. S. G. Horner; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonnar; *Reps. to: School of Nursing Committee*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Doctors & Nurses Directory*, Miss A. Howard; *Local Council of Women*; Mmes Thomas, Randall; *Council of Social Agencies*, Mrs. A. Speirs.

## NEW BRUNSWICK

## A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. J. Mitchell; Pres., Miss G. Brown; First Vice-Pres., Mrs. H. L. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss F. Congdon, S.J.G.H.; Treas., Miss H. Tracy, S.J.G.H.; Asslt. Treas., Miss R. Wilson; *Executive*; Mmes M. Murdoch, P. White, B. Bain, Mrs. J. Wilson.

## A.A., L. P. Fisher Memorial Hospital, Woodstock

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## NOVA SCOTIA

## A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. F. MacKinnion; First Vice-Pres., Mrs. W. MacPherson; Sec. Vice-Pres., Mrs. H. Spencer; Rec. Sec., Miss B. MacKenzie; Corr. Sec., Miss F. Anderson, General Hospital; Treas., Miss W. MacLeod; *Committee Conveners*: *Executive*, Miss C. Roney; *Visiting*, Mrs. G. Turner; *Finance*, Miss A. Beaton.

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## QUEBEC

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NOVEMBER  
1942

# THE CANADIAN NURSE



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## CONTENTS FOR NOVEMBER, 1942

ONE HAVING AUTHORITY	- - - - -	833
CHEMOTHERAPY WITH SULPHONAMIDE DRUGS	- - K. J. R. Wightman, M.D.	835
NURSING CARE OF PATIENTS UNDERGOING CHEMOTHERAPY	- - L. Bailey	837
AUTUMN COMES IN AKLAVIK	- - - - - M. Rundle	838
"WELL, BUT BUSY"	- - - - - S. Squires	841
PLAIN TALK FROM MANITOBA	- - - - - E. J. Wilson	843
THE PROVISIONAL COUNCIL OF UNIVERSITY SCHOOLS AND DEPARTMENTS OF NURSING	- - - - - K. W. Ellis	845
THE ILLEGAL TRAFFIC IN NARCOTIC DRUGS	- - A. M. Shinbane, K. C.	847
THE INDUSTRIAL NURSE	- - - - - F. D. Cruickshank, M.B.	850
NOTES FROM THE NATIONAL OFFICE	- - - - -	855
ANNUAL MEETING IN NEW BRUNSWICK	- - - - - A. F. Law	858
A COMPARISON OF HEALTH SERVICE IN ELEMENTARY AND SECONDARY SCHOOLS	- - - - - W. V. Godard	859
EDUCATIONAL ASPECTS OF THE TORONTO HEALTH SERVICE	- - E. Cryderman	864
THE INTEGRATION OF HEALTH AND COMMUNITY ASPECTS IN THE BASIC COURSE	- - - - - M. Street and I. Harvey	867
A BLOOD DONOR SERVICE IN HALIFAX	- - - - - F. Brown	872
IN CHARGE AT NIGHT	- - - - - J. M. Johnson	875
THE PROFESSIONAL NURSE	- - - - - C. Hopkins	877
ESTHER AUGUSTA ROTHERY	- - - - -	878
FIFTY YEARS AGO	- - - - - A. E. Hutchison	879
NEWS NOTES	- - - - -	886

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## Reader's Guide

In the leading article, a plea is made for a better understanding of what it means to be **One having authority**. The woman who keeps the wheels of nursing service turning, under conditions which would lay most of us low, does not look for praise. A measure of loyalty and support is the only reward she asks of us.

---

The therapeutic value of the sulphonamide drugs continues to be demonstrated in all sorts of ways. **Dr. K. J. R. Wightman** and **Lillian Bailey** discuss their use from the standpoint of the physician and the nurse respectively. Dr. Wightman is resident physician at the Toronto General Hospital and Miss Bailey is head nurse in the Medical Ward. These articles were obtained through the committee of staff nurses, organized to get material for publication in the *Journal*, which is under the direction of Miss Mary Macfarland.

---

The extent to which the community has the right to expect student nurses to carry the nursing load in hospitals is open to question. In the course of some plain talk from Manitoba, and out of her experience as chairman of the legislative committee of the Provincial Association of Registered Nurses, **Elsie J. Wilson** suggests an apt answer.

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Traffic in narcotic drugs affects the health and welfare of young Canadians. **Mr. A. M. Shinbane, K. C.**, prosecuting counsel for Manitoba in narcotic matters, gives us an insight into this complex and dangerous situation.

---

Industrial nursing has expanded enormously as a result of the war and **Dr. F. D. Cruickshank** offers eminently practical advice which should be carefully studied by every nurse engaged in this field. Dr. Cruickshank is the medical officer of the National Steel Car Corporation Ltd., Malton, Ontario.

---

The integration of health and community aspects in the basic course is steadily being accomplished. **Margaret Street** in collaboration with **Irene Meyer** discuss this vital subject from many angles. Miss Street is now instructor of nurses at the Misericordia Hospital, Winnipeg, and Miss Meyer has become Mrs. G. F. Harvey. Both authors recently took the course in teaching offered at the McGill School for Graduate Nurses.

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Blood donors are more in demand than ever and **Frances Brown** tells us how the work of the blood clinic in Halifax is carried on. Previous to her appointment as technician at the clinic, Miss Brown was engaged in private duty nursing.

---

Education in personal and public health begins in the schools and should be carried on throughout the school life of every child. **W. V. Godard** makes an illuminating comparison between the health services provided in elementary and secondary schools. Miss Godard is supervisor of the division of public health nursing, Department of Health, St. Catharines, Ontario.

---

Two graduates of the Mack Training School of St. Catharines General Hospital have contributed to this issue. **Mildred Rundle** gives a vivid picture of how autumn comes to Aklavik and **Ann E. Hutchison** tells us about her student days in the first school of nursing in Canada, fifty years ago.

---

All progressive schools of nursing offer their students some experience in community nursing. **Eileen Cryderman** describes the educational opportunities offered by the Toronto Health Service, whereby the students in many schools obtain an elementary knowledge of the principles of public health nursing. Miss Cryderman is herself a member of the staff of the Health Service.



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## One Having Authority

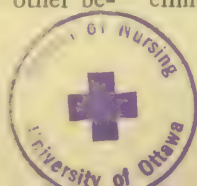
The problem of providing competent and adequate nursing care for patients in our civilian hospitals has become increasingly difficult during the past few months. The fact that it is being provided at all is due to the unselfish and untiring effort put forth by hundreds of nurses, the country over, who have stayed with their jobs knowing full well that they will never share the glory and applause which are the just reward accorded to more spectacular nursing services.

The almost complete absence of domestic help has further complicated the situation. In many hospitals, graduate and student nurses are sweeping floors, washing dishes, even at a pinch helping in the laundry. Just how long they can be expected to continue to take up the slack is a question which demands more attention than so far has been given to it. Signs are not wanting, however, that relief must be got somehow or other be-

fore long, even if it be through the channels of selective service.

While nurses of every rank have made a heroic effort to keep the wheels turning, there is one woman in every hospital who "takes the buffet and cushions the shock". That woman is the superintendent of nurses who, by the very nature of her position, must exercise authority over others. Only those who have themselves faced up to it, can understand how heavy and lonely is the task with which this woman is confronted. Heavy because it carries such a load of responsibility with it. Lonely, because it involves decisions which, for good or ill, she must make for herself. If the decision happens to be right, she seldom gets credit for having made it. If it is wrong, she must take the consequences and keep a stiff upper lip.

Usually these decisions are related to eminently practical problems which call



for immediate action. Here are a few of them. The night supervisor is called up for military service at short notice. Who on earth can be persuaded to take her place? Three student nurses report in one morning with swollen jaws and say that they think they have mumps. It turns out that their diagnosis is correct. Miss Jones should not stay a day longer in surgery because she is due to take her affiliation course in pediatrics. But Dr. Smith is so fussy whenever a new face appears in the operating room, and it is important to keep on the good side of him. Perhaps when he has been on the school of nursing committee a bit longer he will be less difficult to manage. The business manager complains that clerical help simply can't be found, so can a nurse please be spared to relieve on Sundays. The housekeeper says that the nurses will have to look after their own bedrooms and wait on themselves in the dining room. And so it goes, from morning to night. Someone has to reconcile these conflicting demands. Someone has to smooth these ruffled tempers. Someone has to make the right decision and act upon it promptly. Someone having authority.

It has been said that in any organization there is always an unconscious conspiracy against authority. And it is natural enough when one comes to think of it. Most of us would rather have our own

way than take orders from someone else, no matter how just and decent she may be. As a rule we do realize that, for the sake of the common good, we ought to adjust ourselves and obey. But few of us really like doing it. If the one having authority happens to be a sensitive and imaginative woman (and she sometimes is) she is perfectly aware of this attitude of mind, and does her best to make allowance for it. If she is frank with herself, she knows that this is the price she must pay for the doubtful privilege of holding a position of power and influence. Sometimes the price seems a little high.

One word more. When the history of nursing education comes to be written the contribution made by the superintendent of nurses should not be forgotten. It is she who wrings one concession after another out of an unwilling board of directors. It is she who keeps the affiliation schedule going even when she doesn't know where to find a night nurse for the woman's medical. In season and out, she fights for shorter hours and better salaries. When things go wrong, she shuts the office door for a minute and hopes the telephone won't ring. Then she goes out and does something about it. Usually the right thing, too. She is one having authority.

— E. J.

---

### Among the Missing

As the *Journal* goes to press, the name of Nursing Sister Agnes W. Wilkie, R.C.N., is listed among the missing after the sinking of the Newfoundland ferry, S. S. Caribou, as a result of enemy action. Miss Wilkie entered the Naval Nursing Service in February of this year and was proceeding to Newfoundland for duty at the Naval Base Hospital. She was a graduate of the School

of Nursing of the Winnipeg General Hospital and her family resides in Carman, Manitoba. Although it is considered unlikely that Nursing Sister Wilkie can have survived the disaster, it is known that she made a brave fight for her life and that therefore a spark of hope still remains that she may have been rescued.



# Chemotherapy with Sulphonamide Drugs

K. J. R. WIGHTMAN, M. D.

Since 1935 a group of drugs has been placed at our disposal which has had a more far-reaching effect than any other agent we know. These drugs are known as sulphonamides because of similarities in their chemical make-up, and the most important members of the group are sulphanilamide, sulphapyridine, sulphathiazole, and sulphadiazine. The story of their development is a fascinating one, marked by the most careful research on the part of chemists, bacteriologists, clinicians, and pharmacological experts. There is therefore available a greater body of scientific data for our guidance in the use of these drugs than we have for most others. From this we can derive a few relatively simple principles, which, coupled with what we know of the diseases involved, lends a peculiarly rational and logical aspect to this type of treatment — an aspect, however, which does not always find application.

From what has been discovered, it can be said that the drugs work by interfering with the ability of bacteria to make use of their food, thus preventing them from growing, multiplying, and producing toxic substances. Under these circumstances the natural defence mechanisms of the body are able to attack the bacteria successfully, and kill them off. Unfortunately, not all bacteria are susceptible to this action, a fact which makes it necessary for us to determine as soon as possible what bacteria are involved in each patient's disease. This involves the collection of sputum, blood cultures, swabs, etc. before any drug is given, for once the treatment has begun the cultures may not be satisfactory.

Then we find that successful therapy demands that we have a definite measurable amount of the drug present in the place where the bacteria are growing. We are fortunate in being able to measure the concentrations of these drugs in blood, spinal fluid, and so forth, and we make use of frequent blood level estimations in carrying out our treatment. Our aim is to produce a good blood level as soon as possible, maintain it at a high level for a day or so, and then allow it to run along at a lower level until we feel that all remnants of the infection have been eradicated. The drug can then be discontinued without fear of relapse.

To accomplish this, it is necessary to give relatively enormous doses for the first day, with successive decrements until the drug is discontinued. The initial large doses are intended to saturate the whole body with the drug and build up a high level. At this stage there will be tremendous numbers of bacteria present, so it is logical to suppose that more drug will be needed. Later on, blood levels can be maintained by replacing only what is excreted by the kidneys and destroyed in the body, so the doses do not need to be so large. In addition, the numbers of bacteria involved will be decreasing. If clinical improvement occurs, as evidence of this decrease in bacterial numbers, then one can allow the level to fall somewhat. If at any stage along the way we allow the level to fall too low, the infection is apt to light up again. We find that this happens unless frequent doses are given at regular intervals — hence the necessity for giving these drugs every four hours, day and night. Hence also

the necessity for a hard-hearted attitude toward the vomiting patient\*, for a dose which is vomited within an hour of its administration must be considered a dose missed, so that we must ask them to try again. Nausea and vomiting are sometimes quite severe, and it may tax the resources of nurse and physician alike to persuade the patient to persist in a treatment which must sometimes seem worse than the disease. Sedatives, encouragement, coaxing, and plain bullying may be necessary, but fortunately we have soluble forms of the drug which can be given intravenously if necessary, until vomiting ceases.

During this time certain other factors have to be taken into consideration. Among them is the fluid intake. This has to be limited to prevent the kidneys from excreting too much of the drug, and so lowering the level unduly. On the other hand, one must be sure that the patient gets his full allotment of fluid, or the concentration of the drug in the urine will become too high, and lead to renal damage. The concentration in urine tends to be much higher than in the blood, which is of some importance in treating urinary infections, since the blood level need not be so high. In addition we must keep careful track of the urinary output, being on the watch for reduction of volume

or even cessation of urinary secretion. In addition, the urine must be examined periodically throughout the treatment to detect the presence of haematuria, should this develop. An excessive amount of vomiting is also important from the point of view of fluid balance. Other possible reactions to the treatment are the development of fever or rash. Similarly, marked conjunctivitis, cyanosis, involvement of the nerves, acute anaemia, and acute reduction of the white count occasionally occur. The early detection of these complications depends on observation of the patient, and their successful treatment depends, in turn, on their early detection.

In the midst of all these new considerations, it must be emphasized that careful nursing, supportive and symptomatic treatment have still to be carried out, and still constitute a major element in successful therapy of these diseases. Thus we see that a treatment which is relatively simple in principle becomes relatively complex in administration, and that its successful prosecution with a minimum of risk depends on a high degree of co-operation between physician, nursing staff, and laboratory. If these agencies are properly co-ordinated, sulphonamide therapy affords extreme satisfaction — if not, it may be a source of endless worry.

---

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# Nursing Care of Patients undergoing Chemotherapy

LILLIAN BAILEY

Since the introduction of the use of the sulphonamides in the treatment of pneumonia, the nursing care of the disease has not lessened but has been much more satisfactory. The nurse is almost always sure of excellent results as a reward for her efforts but nursing procedures must be carried out just as carefully and as accurately as in the old days. Therefore it would seem best to talk about nursing as we try to carry it out on our pneumonia ward. On admission the patient is made comfortable in bed, and assured that everything will be done for his recovery. The rectal temperature, the pulse and respiration are recorded every four hours during the day and in the evening, from the time of admission to the end of chemotherapy, even though the fever has subsided. A specimen of urine is sent to the laboratory, and cultures of the blood and sputum are required directly after admission. The patient is taught the necessary precautions for the safe disposal of handkerchiefs and sputum.

As explained in Dr. Wightman's preceding article, drug therapy begins at once. Some patients are not disturbed by the drug at all, while others are made very ill and suffer from nausea and vomiting. The patient has to be encouraged to continue the treatment regardless of its severity and it is necessary to explain that this phase of the illness does not last long. Adverse symptoms of chemotherapy must be watched for by the nurse, and reported immediately. The patient may complain of headache, and may develop a rash on the skin. Cyanosis sometimes occurs, and fever may recur due to the drug.

To save energy and give the needed rest is imperative. Restlessness may be controlled by changing the patient's position in bed from Fowler's position to the recumbent position, or vice versa. Massage is also beneficial and mustard pastes may be applied, giving considerable comfort. Sedatives, or sponges, or both, are of real value. The co-operation of the relatives and intimate friends in visiting for only a short time is most desirable and to gain this often requires patience and tact on the part of the nurse. A daily cleansing bath, with special care of the back, is given in addition to sponges. The care of the mouth must be carried out diligently; this means the frequent use of mouth wash and lubrication.

The fluid intake and output are a most important aspect in carrying out the nursing care of the pneumonia patient. The nurse must appreciate the significance of limiting fluids to 1500 c. c. in 24 hours in order to convey to her patient the necessity for co-operation. One could add that it is also necessary to convey this information to the relatives and friends. The fluids most favoured by patients are grapefruit juice and ginger ale. Both are acceptable from the doctor's point of view, or the patients may have any kind of fluid they desire. Fluids should be evenly spaced as to the time of giving and, if possible, 50 c. c. should be given every hour or 100 c. c. every two hours during the day, saving the remaining 300 c. c. for the night. If chipped ice is desired to quench thirst it is considered as part of the fluid intake. All vomitus is measured and the amount is recorded; the amount of fluid thus lost is given to the patient again. All urine is meas-

ured and recorded promptly. The character of the urine as to colour and quantity must be closely observed; a daily morning specimen is sent for analysis. Elimination by bowel is also very important, and is accomplished by giving a cleansing enema every other day.

Nursing care in pneumonia still requires careful observation and attention by the nurse although now, instead of an average twenty-five percent mortal-

ity, the rate has been lowered to an average of ten percent. Patients who do not recover fall into three groups: (1) those suffering from other serious diseases, especially cardiac or renal; (2) patients with tremendously virulent infection, such as bacteraemia, or meningitis, who die before treatment has time to have any effect; (3) patients who have been ill for a long time at home untreated.

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## Autumn Comes in Aklavik

MILDRED RUNDLE

Autumn has already visited Aklavik and is hastily gathering her skirts to visit our southern friends. Perhaps Bruce Hutchison could do it justice, as he does "Canadian Spring." During my seven years in the North I do not remember such colour as we have witnessed this year. The maple-like leaves of the cranberry make the trails a royal pathway. Red, yellow and brown, yellow with red splattered on the edge, green with yellow and red pushing to the centre, each leaf seeming different. The few poplar and willows are already canary yellow while the spruce (the sentinels of the North) remain their staunch, secure dark green. The mountains let the sun and clouds play hide and seek among them and are an inspiration of beauty and amazement. Purple, pink, blue, almost any colour and sometimes snow-capped over night they form a background. The late evening sunset brings added reflections and flaming cloud formations. To complete the picture there are two rainbows. Then there is the

Peel River, a branch of the Mackenzie, reflecting all. It seems as though the pictures we have admired but did not quite believe are unfolded before our eyes and one breathes deeply, hoping to become inspired with a mighty goodness.

After dark there are the twinkling stars and the Northern Lights. As if not to be outdone by the beauty of day, I observed a spectacular performance the other night. A circle of light seemed to enclose the cathedral and the hospital, then it became a massive parachute of light. Now it is a serpent and, as it narrows and twists, it consumes a rainbow and the monster's head rears to the south where suddenly the sky seems about to absorb it and a mist is all that is left. But soon another performance starts and so it continues through the night. Sometimes a candle-like flame appears through the trees and we know the picture will soon be complete for the moon is entering her court. Who would not be a missionary in the Arctic?

Last month I made a trip of 150



## AUTUMN COMES IN AKLAVIK



*Eskimo at Richards Island*

miles to the Arctic Ocean in our small boat. It is supposed to take four people; we took seven and brought back nineteen passengers. There is no privacy or any kind of convenience in northern travelling. As a man once remarked about a trip to James Bay, "I would not have missed it for a thousand dollars but I don't know if I would do it again for a thousand." En route there was only the country to admire—all was peace and quietness. Leaving the mountains behind, we had the Reindeer Hills as escorts for part of the way. About seventy miles north we stopped at the Reindeer Station to greet the three white families there and give them the latest Aklavik gossip. The trees were already much smaller and gradually we left the hills and growth behind us. Passing Richards Island, I recalled my trip of last summer when I had accompanied the doctor and dentist to the reindeer round-up. Everyone lived in tents and ate in a large tent. They had great difficulty in corralling the reindeer that year but through glasses I observed eighteen hundred being driven over the hills toward us but when within two hundred yards of the fences they milled, went in circles, and stampeded. We were rather surprised on this trip to spy a herd of

fifty deer on the mainland. There was one white one and they ran for some distance with the boat. We saw wild swans, geese and ducks. The ocean was rather rough as we raced for Tuktoyaktuk and the waves splashed over the bow of our small craft. The natives would not have travelled in such rough weather we were told. How foolish they must think us — they are always prepared to wait another day.

Almost my first greeting was "there is a sick baby, will you come!" The little Eskimo was having difficulty in breathing and was lying on a mattress on the floor of a tent but everything was clean. I told them I would come again with medicines and from the Hudson Bay first-aid kit I found what I needed. Then with a basin containing the ingredients of a mustard plaster I marched along the beach of the Arctic Ocean, clambering over freight addressed to Coppermine, Cambridge Bay, Bailey Island, Holman, and Reid Island, and all points north. There is only one white family there so there was great rejoicing and gossiping. It was nearly ten years since I had seen the gentleman of the house. There were about one hundred Eskimo people and I shook hands with all during the brief visit. Very few



*Eskimo and reindeer fawn*

of them winter here. They go further north and we shall not see them until next August. Many of the older Eskimo women still have the tattoo markings on their faces. The return trip was made at top speed as we were so overcrowded. There were children for school, a tuberculosis patient, a member of the Royal Canadian Mounted Police, two carpenters, and a most interesting character who had been in the North for 38 years. We entertained ourselves tying knots when the bear stories ran out.

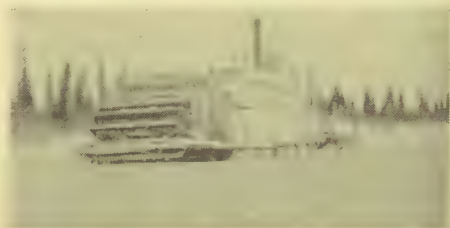
All Saints Hospital, which is owned and operated by the Diocese of the Arctic of the Church of England in Canada, can accommodate over forty patients and the staff consists of three registered nurses, one acting as nurse-in-charge. Two nurses are supported by the Government, and the third, with the kitchen and laundry matrons, are supported by the Diocese. We try to have native girls as students. One girl stayed three years and now has a tent about 80 miles south and uses her home nursing training to help the Loucheaux people. The building has two storeys with a little cellar for storing goods. There is a large combined dining-room and living-room which is nicely furnished and a residence with four staff bedrooms and a bathroom. In addition to the wards there is a well-equipped room for dentistry — the Diocese sends up a dentist from Toronto each summer — and a large operating-room with an iron-

lung, sunlamp, and x-ray. The hospital has its own electric plant for light and power. We have no hot water upstairs but our private patients get a bath every day and ward patients on alternate days. Our patients are tuberculosis, typhoid, pneumonia, obstetrical, tonsillectomy, babies with malnutrition and (worst of all) patients bitten by dogs which are quite equal to any horrors of war.

Aklavik has grown, and now has about 90 white people. We old-timers who live in the past say it is not the same since civilization has come and brought with it tractors, a truck, and planes. Is it worth it? We just smile and do not say much but think of the odd characters we have met and the stories we have heard which will never be printed — the heartaches and disappointments and memories. Yes, I am sure I would do it all over again even if nobody ever does say a "thank you" and I am forgotten in ten years. It has been worth it!

*Editor's Note:* A few days before Miss Rundle's manuscript arrived the *Journal* was given permission to quote the following excerpts from a letter addressed to Miss Grace Fairley by Mrs. R. J. Renison. Last summer, Bishop and Mrs. Renison made the journey to Aklavik by steamer and Mrs. Renison's comments emphasize the fine work being done at All Saints Hospital:

Two hundred and fifty miles within the Arctic Circle, on the delta of the Mackenzie River, is the Post of Aklavik, only to be reached by paddle-wheel steamer or plane. When our boat dock-



*S.S. "Distributor" in winter quarters*



ed, after a twenty-six-day trip, flags were flying from every pole, and the entire population was on the bank to greet us. We could see at one end the Roman Catholic Mission, its flag high and, in the centre, the Hudson's Bay Company's buildings. On the other side was the Cathedral of the Church of England, Diocese of the Arctic, with St. George's Cross flying from its tower, and All Saints Hospital where a fine bit of work is being done by three registered nurses. Miss Powell, a graduate of St. Luke's Hospital, New York, is the superintendent; Miss Rundle, a graduate of the Mack Training School of St. Catharines General Hospital, is in charge of x-ray work and also took a course in dentistry before coming to the Northwest Territories; and Miss Brooks, a graduate of the Hamilton General, is supervisor of the operating room. This is one of the brightest, sunniest and most attractive hospitals I have ever been in. Even dying would be a cheerful business. Somehow I felt that one would be quite sure of the future and of loving care to help one over.

To a superficial observer, the hospital has every convenience, but here are a

few of the things the staff have to contend with. There is cold running water in the kitchen and laundry only and every bit of water has to be carried upstairs. A small instrument sterilizer operated on the electric current is badly needed for the operating room. I wonder whether an interested group of registered nurses could manage to finance the purchase of one; it would be a great help to other nurses who are doing a fine piece of work.

I passed Post after Post on the great Northern rivers — the Slave and the Mackenzie. High on their banks are the Hudson Bay Posts and the churches and sometimes a hospital. Always there are tents with Indians and howling dogs each tied to its own stake, and a good deal of unspeakable filth. There were two great exceptions — Fort Simpson and Aklavik.

As we were met at the door of All Saints Hospital by Miss Powell in her spotless uniform, and were introduced to her supervisors, I felt that we all owed a great debt to the nursing profession who far away from all that makes life easy are keeping their standard of work and morale high.

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## "Well, but Busy"

*Editor's Note:* The following lively excerpts are taken from the annual report of the Nursing Service of the Department of Public Health and Welfare of the Government of Newfoundland:

The Departmental Nursing Service now consists of twelve cottage hospitals, one hospital ship, sixteen public health nursing districts, two nursing stations, and thirty-

five nursing districts, including St. John's. The home visits to tuberculous patients numbered a considerable increase over that of last year due, no doubt, to the fact that the nurses are getting to know their patients and contacts, and are giving a more consistent service. It was felt that more prenatal visiting was badly needed, and a maximum co-operation was obtained from the mothers whereby these visits were not coercive but cordial and friendly; they trebled during the year. At the first of the year, the school

nurse became indisposed, and we were faced with 10,000 children in 35 different schools who had always been examined in orderly fashion under the school nurse's supervision. The problem was tackled by the three public health nurses taking charge of the schools in her own district. They were assisted by the assistant organizer of the Junior Red Cross and the public health students. The M.O.H. examined the children, so what looked like an impasse and defeat was turned into victory by interested and alive public health nurses.

Through the co-operation of the Grace Maternity Hospital and the Department of Public Health and Welfare, six outport women, recommended by the nurse or doctor in their districts, have this year been brought to the Grace Hospital for training. This is further augmented by their attendance at our prenatal clinics and post-partum work on the districts, under the nurse's supervision. These women are thus enabled to go back to their homes and give intelligent care to mothers and babies.

It is interesting to note that in all the great marine disasters, the Departmental nurses have played an active part. By their terse monthly reports, one would never gather that they did anything over and above their line of duty, and yet the display of courage, heroism, and devotion to duty has been of the highest order. A few instances pass in review: a tidal wave brought sudden and terrifying devastation to 3700 inhabitants of the southwest coast. The report sent in by the parish priest at that time is that "the nurse, scantily clad, and wearing house slippers (all her other belongings being lost) went from house to house, tending the sick and injured, quelling fears, and restoring confidence. She attempted to travel, but roads were blocked by boulders and wreckage. She secured a horse and rode it until it dropped, then she continued on foot soaked, chilled to the marrow — she continued her work of mercy all night and part of the next day". This nurse's report to headquarters was "Well, but busy."

In a recent disaster, a United States destroyer was pounded to pieces off the rocky east coast with a loss of 189 officers and men. Three nurses were on the scene, then

letters arrived from nurses all along that coast where bodies were washed ashore. One letter is quoted in part: "Can you send me a dozen or so death certificates? We had five bodies washed up. The parson is away and I could not get certificates. If we had not had some new lumber for the church repairs, I don't know how we'd have got coffins made. Everyone wondered who would be the first in the new cemetery. I feel sure that the relatives in the United States would be glad to know that their men were decently buried".

A system of modified socialized medicine is one of the features of Newfoundland. Several years ago the only hospitals in the colony were in St. John's. Today there are ten cottage hospitals, at strategic points on the coast, and two more to be built this year will complete the encirclement of the Island. They accommodate twenty-one patients, are modernly equipped with a compact operating theatre, open wards, as well as a private suite, which is often used for observation cases or quarantine.

The present world conflict has brought changes to Newfoundland and her people. We find that because of a great increase in employment, bringing with it a new independence, attendances at the clinic are cut in half; we find the Junior Red Cross members devoting a great deal of time to war work; we find war conditions making even more urgent the need for a larger venereal disease clinic, affording greater privacy. We find public health nurses adding the toxoiding of recruits to their other duties; we find a greater demand for health education, especially in first aid and home nursing, and we find a general unrest bringing many changes in personnel.

There has been no outstanding epidemic in St. John's this year in spite of the increase in population. This is a fact of which the health authorities, both civil and military, may be justly proud, and some credit may be due to the public health nurse who, realizing the importance of a knowledge of health, has made teaching a vital part of her daily program.

SYRETHA SQUIRES

*Director, Departmental Nurses*



# Plain Talk from Manitoba

ELSIE J. WILSON

In 1913 the Registration Act for nurses was passed in Manitoba, the first legislation of its kind in Canada. The standard to be met by students wishing to qualify for registration was not high, but what was important was that for the first time student nurses and nursing education existed as legal entities. We who have followed those women who had the courage to press for this legislation have to a great extent failed to accept the challenge handed to us. True there have been some gains made, but we have on the whole been too fearful of losing the little we have and have hesitated too long in demanding that nursing education receive recognition and financial support from public funds.

Since the original Act was passed in 1913 there have been three amendments — 1920, 1923 and 1929. The Act now provides for reciprocal registration; the applicant for registration must have had preliminary educational standing of grade 10 and have graduated from a hospital having a daily average of 20 patients. The Association now has the authority to enter into an agreement with the University of Manitoba for the conduct of the registration examinations and the curriculum of studies on which these examinations shall be set. It is maintained and rightly, that Universities are the principal agencies maintained by society to conduct professional education and that their function is not only to offer the types of professional education already well established but also to be alert to the educational requirements of new professions and to organize the kinds of professional training as the need becomes manifest. With this ideal of the function of the University

in mind, it was hoped that this agreement between our Association and our University would present the needs of the nursing profession in such a way that the responsibility of the University in this field of education would be evident and practical help forthcoming. Undoubtedly it would be, if we could back up our request for help with some thousands of dollars annually. This, I submit, the nursing profession should not be expected to do.

Communities expect to pay for most of their essential services. They do not expect to have their roads and bridges built by student engineers, their animals cared for by student veterinarians, or their farming done by agricultural students but they do expect to have their sick — members of their own families — nursed by student nurses. Furthermore, we are told that if the cheap labour of the student nurse is not available the small country hospital, which is such an essential part of community life, will be forced to close its doors and the sick will be left uncared for. The responsibility for this situation, mark you, is being placed on the nursing profession.

It is impossible to state too strongly how utterly unfair it is to give the general public the idea that we are so concerned with demanding from the student nurse such a high educational standard that we have lost sight of the needs of the sick. As stated by our own Provincial Advisor, in her survey of schools of nursing, the public has criticized the nurse for her lack of education, her poor technical skills and particularly for what they consider are her wrong attitudes. A more ridiculous and unfair situation never before existed in any sphere of ac-

tivity. We are blamed for all the mistakes and blunders of what we are told are ill-prepared nurses, and when we try to spend our own time and money on improving nurses and nursing service, we are confronted with active opposition from sections of the very public we are striving to serve. Nurses by themselves cannot any longer cope with the problem of staffing hospitals and of providing adequate nursing service for the people of Manitoba. We have in the past done more — a great deal more — than our fair share. Each individual community must shoulder, by taxation if need be, the financial responsibility for providing essential nursing services for their sick and the Province must assume the same responsibility for the education of the student nurse as is assumed for other students.

There is no organization that can show a better record of service to the community than can the Manitoba Association of Registered Nurses. If we have been fearful and over-cautious in asking for help from our legislators, we have at least been more than generous with our own time and money, which we have spent freely and cheerfully for the purpose of better preparing nurses to serve community needs. Also, during depression years, when hospitals were graduating hundreds of students (which they needed to run their hospitals cheaply) into a community which could not afford to employ graduate nurses, our Association paid thousands of dollars out of our own funds, to assist these unemployed nurses.

Since we appointed Miss Gertrude Hall as our executive secretary and school of nursing advisor in 1936, the work of the Manitoba Association of Registered Nurses office has increased by leaps and bounds. Her concern for nurses and nursing is so well known that she is inundated with pleas for help from

individual nurses and from hospitals. Refresher courses for nurses not actively engaged in nursing, head nurse courses and institutes are only a few of her many projects. We cannot all travel at her pace, but we can all travel in the same direction. We can continue also to give the practical support which is so necessary, and even the least of us can help by being informed about what registration means to nurses and why it is important.

The individual nurse can do nothing by herself to improve her own professional status but, with the strength of an organization behind her, much can and has been done. Registration for nurses has meant that there is, throughout Canada and many other countries, a definite standard on which to base the professional life of the nurse and the education of the student nurse. The organization of nurses has meant improvement in nursing education, in living and working conditions and in shorter working hours. Through registration, and only if registered, can a nurse be assured of employment in other provinces and in the U.S.A. Only if a nurse is registered will she be accepted for service with the Army, Navy or Air Force.

The need for giving publicity to the value of registration was brought home to us very forcibly quite recently. Just before the Legislature prorogued, the Executive Secretary was advised that an amendment was being brought in which would reduce the daily average of patients required under the Act from 20 back to 5. We were told that the amendment would be withdrawn if our Association would promise that for the duration of the war all students applying for registration would be accepted without question. This meant of course that all educational standards would be wiped out just as surely as if the amendment were passed in the House. The



officers and board of managers of the Manitoba Association of Registered Nurses gave this matter very grave consideration, facing squarely all the implications and difficulties involved. They felt they would not be worthy of trust if they meekly submitted without attempting to maintain the standards won for us by others. Having made this decision,

plans were hastily made. It was heartening to find so many members of the Legislature willing to listen to us and to help our cause. We are most grateful to those members who gave their interest and to those who spoke on our behalf with the result that literally at the lost moment, the amendment was withdrawn.

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## The Provisional Council of University Schools and Departments of Nursing

This Council came into being following two meetings of representatives of University Schools held in Montreal in June 1942. These meetings were held at the suggestion of the Canadian Nurses Association. On request Miss E. K. Russell kindly acted as chairman. As announced in the October issue of the *Journal* the organization of the Provisional Council was approved at the meeting of the Executive of the Canadian Nurses Association held on June 23, 1942.

As the name signifies, the Council is of a temporary nature, established for a period of two years "to give further time for wise decision as to the form that the permanent organization shall take."

In order to maintain a close link with the Canadian Nurses Association, the convener of the Committee on Nursing Education is to be a member of this Council, and the president of the Provisional Council is to be a member of the Committee on Nursing Education of the Canadian Nurses Association. It is the intention that these two bodies shall work in close collaboration.

The initial objects of the Provisional Council are stated as follows: to decide

upon the form of a permanent association of university schools of nursing; to determine desirable standards for university schools of nursing represented by members of this Council; to strengthen the standards of existing university schools of nursing, and to support the development of future university schools of nursing where desirable conditions exist; to strengthen the relationships between university schools of nursing in Canada and other countries.

The officers of this organization consist of a president, vice-president and secretary-treasurer, and the Executive Committee is to consist of these three officers and the conveners of two standing committees — a Committee on Policy and a Committee on Studies.

Those eligible for membership are the Nurse-Director of each University School of Nursing and all full-time nurse members of the staffs of these Schools. Membership is to be on an individual basis with an annual fee of two dollars.

Members of the Provisional Council look forward to meeting at least once a year. In the interim between meetings the business of the Council will be carried on by the Executive Committee. The following were elected to office for

the next two-year period: president, Kathleen W. Ellis; vice-president, the Reverend Mother Allaire; secretary-treasurer, Mary S. Mathewson.

The formation of this Provisional Council marks another step and one that it is hoped will be significant in the history of the nursing profession in Canada. It is the intention that within the

next two years the Council will demonstrate its usefulness by assisting University Schools to make an increasingly valuable contribution to nursing service in Canada.

KATHLEEN W. ELLIS  
*Emergency Nursing Adviser*  
*Canadian Nurses Association*

## Hospital Adventures of a V.A.D.

I feel I have won my spurs and, to prove it, I have at hand a card signed by the charitable and patient supervisors who, for their sins, were obliged to put up with me while I spread confusion in their wards amongst patients, ward maids, and student nurses. Any one may be a student nurse, and it is very easy to be a graduate. The easiest job I know is to be a supervisor and the laziest position in the hospital is that of superintendent of nursing and of the training school. But let me tell you that it is no easy job to be a V.A.D. First, one must follow courses on home nursing and first aid and be examined by the chief surgeon who is keen on thirteen pressure points and is very serious about the exact mathematical fold of a bandage on the leg or arm. His special pet and my pet abomination is a spica — the shoulder being his joy. He does not make our troubles any less by having a small boy as a patient who takes his position with a facetious grin and a cynical sneer at our ignorance and incompetence.

While jumping these two hurdles, we were obliged to have weekly drill and courses on bandaging and gas poisoning, with a refresher which is a yearly occurrence — followed by an examination to keep from getting stale. But this is not all. Before we could enter the sacred portals of the Hospital, we were directed to follow an intensive course given by a most efficient, patient and gracious graduate to whom we were greatly indebted. On entering the classroom, we were instructed how to make beds. This is

my greatest accomplishment — closed beds, open beds, ambulance beds, ether beds, day beds and convalescent beds, are all taken in our stride. Trays and baskets are also added to baffle one and make life more complicated. Baths were given to "Judy" and her hair was washed and combed and next we were taken to the utility room and taught with what ease and grace one could manipulate bedpans and urinals. We were then shown a most beautiful sterilizer and taught how to use it — but alas! I was soon to find out that all sterilizers were not equally harmless. A sore and bandaged finger was evidence that these innocent pieces of equipment may pinch or fall down and hit one. At last the great day came when we were examined. When the superintendent asked me "What would you put in an ether bed?" All I could say was "a patient" and was surprised when she asked "what else"? The examinations over, the next step was our being posted to the wards and we went forth with all the courage we could muster. All the nurses were so kind, patient and understanding.

Each and every one from the superintendent to the newest "probie" extended a welcoming hand to us. To the superintendent is due all the credit for she had to re-arrange her classes to make room for us and then change all the hours of the nurses on the wards to fit us in. We hope that our work and behaviour while in the hospital will have broken down any prejudice that might have existed previous to our coming.

— MRS. W. DELANEY.



# The Illegal Traffic in Narcotic Drugs

A. M. SHINEANE, K.C.

I am very glad indeed to note the interest of nurses in the grave and far-reaching problem of the illegal traffic in narcotic drugs which, in Great Britain, are more accurately referred to as dangerous drugs. Addiction produces an unbelievably swift degeneration of the normal elements of character so that fundamental decencies are rapidly weakened and ultimately destroyed. It is regrettable that in Winnipeg, heroin, because of this very potency has become the principal drug of addiction.

Originally opium was eaten rather than smoked and it was not till Portuguese merchants in the seventeenth century introduced tobacco smoking into China that the real impetus was given to opium smoking. We know of course that backward China immediately endeavoured to suppress its use, but that the British East India Company, having taken over the Indian monopoly from the Great Mogul in 1757, and having assumed control sixteen years later of the trade with China, did not take kindly to the edict of the Chinese Emperor. Just before the turn of the eighteenth century the Emperor forbade its importation but in the all-powerful interests of the Open Door, two wars (which an unappreciative posterity has designated as the Opium Wars) were waged to ensure the rights of the Company, and in 1858 the unrestricted opium trade was legalized by solemn treaty. Opium became big business and the Indian monopoly alone was worth \$20,000,000 a year to its owners. Even today in Oriental countries there are governmental monopolies — by no means in exclusively Oriental hands — which sell prepared opium to the na-

tives but prohibit its sale to Europeans. Japan, with its usual initiative has taken a leaf from the Western book and now in Manchukuo — Chinese Manchuria to you and me — has an opium monopoly, which sells freely to the Chinese (but not at all to the Japanese). This monopoly is regarded as so important that to ensure its proper development it is directed by the Ministry of Finance which floats bond issues with opium revenue as backing. The Chinese government is endeavouring desperately to throttle the traffic, although in large measure its efforts are being offset by the well-known "pacification" methods of the Japanese Army.

Thanks to alert and intelligent direction, the Narcotic Division of the Department of National Health has been making very real and substantial progress in its never-ceasing battle against the evil of illegal drugs. Ten years ago it was conservatively estimated that there were no less than eight thousand addicts in Canada. Today it is safe to say that the number has been reduced by at least one-half.

It must be emphasized that successful treatment of drug addiction necessitates complete isolation and institutional care of the addict as well as constant supervision. Ambulatory treatment and free "clinics" are worse than useless, in fact they aggravate and increase rather than abate the evil. We provide sanatoria for the treatment of tuberculosis; we have quarantine and isolation hospitals for contagious diseases but we have as yet — in this Province at least — no statute to commit a known addict for treatment and no institution in which to treat him.

The problem of drug addiction in Europe and America began to attract the attention of specialists in the field as early as the middle of the nineteenth century and it appears today to be an amazing reflection upon the shortsightedness of governments and medical authorities that not until thirty years ago was any effort made, by legislation at least, to curb the abuse of these drugs or to interfere with the traffic in them. To Canada belongs the distinction — excepting always benighted China — of introducing the first legislation in modern times aimed to curb the illegitimate traffic in narcotic drugs. In 1892 Canada imported no less than 150,000 pounds of opium. In 1908, following upon anti-Oriental riots in the cities of Vancouver, Victoria and New Westminster, the Dominion Government was presented with huge bills for damages by the aggrieved owners of some seven factories in Vancouver, Victoria and New Westminster, who, without any hindrance, had been engaged in manufacturing smoking opium from the crude importation and in support of their claims these owners submitted verified statements showing their annual receipts to exceed \$600,000. The result was that the first Dominion Opium Act which made it an offence to manufacture or deal in opium other than for normal medical purposes. The further result was that instead of importing 150,000 pounds as formerly there was imported lawfully into Canada last year for the needs of a population double that of those years, only 458 pounds, a decrease on a population basis of over 33000%. Once the attention of the Canadian authorities was directed to the problem it quickly became manifest how the traffic not only in opium, but in morphine, cocaine and heroin had spread like a blight over

the Dominion and in 1911 Parliament extended the scope of the Act to restrict the sale and distribution of the various derivatives of opium and cocaine. To keep pace with and checkmate the ingenuity of the illicit traffic the Opium and Narcotic Drug Act has been amended and extended every few years. Today our legislation is a model for many other countries.

In the United States the legislative problem is accentuated by states' rights which make Congress impotent to enact criminal legislation and remedial measures have had to be disguised as revenue laws. It was not until 1914 that the Harrison Narcotic Act was passed, dressed up as a Revenue Act, which was aimed to wipe out the illicit traffic by taxing it out of existence. It was not until 1922 that wider legislation — corresponding in effect in some degree at least to our own law — the Jones-Miller Act, was passed to fulfil United States obligations under the Hague Convention.

In the first decade of the twentieth century the problem had become recognized as international and world-wide in scope. The first International Conference (if we disregard a meeting at Shanghai a few years previously) was held at the Hague in 1911 (it will be noted three years *after* the Canadian Act) and a second one early in 1912. Forty-four of the forty-six countries attending (Germany and Austria being the exceptions) undertook to ratify the agreement then made that the manufacture, sale, and use of these drugs should be confined to legitimate purposes. But before the good intentions of the conference could be translated into effective law the first Great German War broke out; the emphasis was shifted from the preservation to the destruction



of human life and nothing more was done until the conclusion of peace.

The Treaty of Versailles was not all bad as propagandists would have us believe. Among its provisions was one whereby the International Opium Convention was incorporated in the treaty and brought into force. Similar provisions were incorporated in the treaties with Austria and Bulgaria, and control of the traffic in dangerous drugs was entrusted to the League of Nations which in 1920 set up an advisory committee of experts. Colonel C. H. L. Sharman, C.M.G., Chief of the Narcotic Division of Canada's Department of National Health, has for many years been one of the outstanding members of this committee and no inconsiderable part of the advance that has been made in recent years to control and curb the world traffic in illicit drugs has been due to his expert knowledge and courage.

In a world beset by political alarms and urgencies it has been inevitable that attention should have been focused on the political functioning of the League of Nations. Little has been heard of the magnificent results it has accomplished for the protection of women and children and almost nothing of what it has done for the alleviation of the cancerous trade in dangerous drugs. It is only in mathematics that two and two always make four. Two countries acting individually sometimes do not evince the moral rectitude of two countries acting publicly and in concert. Open covenants openly arrived at have proved very effective indeed in shaming some countries into setting their social house in order. For a good many years two large countries sometimes covertly, sometimes quite openly, pandered to drug smugglers and catered to the de-

sires of the large drug rings. But by successive conferences and determination an international agreement was recently achieved at Geneva which provides not only for uniform limitation, regulation, and control by practically every country in the world but which vests a large measure of supervision and administration in the League office, and which now has finally provided for world-wide extradition and punishment of offenders against the drug laws. On the whole it may be said, with some confidence, that whatever may be the retrogressions in other spheres of international activity an aroused and informed world opinion is bringing measurably closer the day when the black plague of narcotic addiction may be controlled as successfully as the white plague of tuberculosis is today.

On the home front we must never lose sight of the fact that while the Narcotic Division is rendering invaluable and immeasurable service in curbing the illegal traffic in narcotic drugs, the huge profits obtainable will always attract the human jackals, frequently non-addicts themselves, who prey upon vice and weakness so long as the appetite for drugs remains. Crime and criminal associations are intimately related to this traffic and its participants, whether dealers or consumers. Four remedies are available: apprehension of and long-term sentences for traffickers; co-operation by members of the medical and nursing professions to ensure that drugs are not prescribed or administered except for absolutely essential medicinal purposes; compulsory isolation, supervision, and institutional care of the drug addict; and finally the social and environmental rehabilitation of the cured addict to safeguard him from the relapse that inevitably follows upon the return to his old environment.

# The Industrial Nurse

F. D. CRUICKSHANK, M. B.

Until the last few years, industry has not recognized, except in rare instances, the value of the industrial nurse, but the exigencies of war work has brought her to the fore. It has apparently been difficult for employers of labour to appreciate that industrial ill-health falls within the scope of the trained nurse and that she is an important link in the chain of events that leads up to prevention of industrial absenteeism. The working time lost by employees in our war industries should be of serious concern to every industrialist, as collectively it amounts to a considerable figure and, in the case of skilled workers, especially those on team work, leads to dislocation of factory processes, undue burden on others, and a consequent falling-off in out-put.

Each industry may have its own peculiar problems of health, but there are certain broad principles which can be taken as a basis for the introduction of measures relating to hygiene in the factory. It is here that the nurse will take her place beside the doctor in the well-organized medical department in caring for the physical and mental needs of the individual at work. The modern employer is beginning to recognize the economic value of a well-organized medical department, and labour is soon going to demand it. The duty then of the doctor and nurse is to do all in their power to keep the individual worker in good health, and on the job.

It has been said that the successful industrial doctor must know every phase and operation of the industry he serves, and to no less extent this applies to the factory nurse. Transplanting a graduate from hospital bed-side to factory is not

as simple as it appears. The nurse must become acclimatized to her new environment, and develop a reasonable knowledge of her industry's requirements. To acquire this knowledge, frequent and thorough tours of the factory with the doctor are important, and the occasional inspection with a representative of the Department of Industrial Hygiene is always most helpful. The nurse, on her inspection of the plant, which in most large industries is advisable at least once a week, may pay particular attention to the work engaged in by the female employee. Is her dress suitable for the job she is on? Loose clothing that might become entangled in moving parts of her machine are a definite hazard. A lock of hair protruding from beneath her head-dress is dangerous and, just the other day, I heard of a girl who lost a considerable quantity of her hair when it became caught in a machine. Fortunately, in this case, her scalp was not seriously injured, but one could imagine a partial scalping by such an accident! If there is a heat-treating or plating department, the nurse will want to know about exposure to dangerous gases and chemicals such as chromic acid and cyanide. In the paint shop, are lead and chrome compounds being used, and is there exposure here? Are suitable masks available to the sprayers, and are they careless about their use? Are the welders amply protected by goggles, and do the girls appear more anaemic in this or that department? Observations such as these are important, and necessary, if the nurse is to have an appreciation of the individuals who present themselves at the dispensary later on.



The psychological effect of the nurse in going through the plant is not always recognized, but nevertheless it has a definite value. The tidy, uniformed nurse makes an impression on the worker, and her interest in their individual job brings them closer together. Workers are more likely to consult this alert type of nurse than the one who sits and waits behind her desk for something to happen. Undoubtedly the nurse who knows the factory and its workings will be more appreciative of the hazards that confront the employee, and consequently better able to efficiently deal with their problems.

A nurse, to measure up to this type of job, must be possessed of a spirit of service, and not afraid of hard work. She will find in industry a greater opportunity to exercise her talents than in any other branch of nursing, and also that this work gives her a chance to emphasize the preventive rather than the curative side of nursing. An active interest in public health work is desirable, as the practical application of preventive medicine in collaboration with the doctor is proving to be one of the most fascinating problems in the whole field of industrial hygiene. The nurse's recognition of a health hazard, often by chance, may lead to extensive investigations being carried out by industry, the medical profession, and the Department of Industrial Hygiene. The co-operation of the doctor and nurse with the factory engineer is important in preventing and solving factory health hazards.

In the dispensary, the nurse has an all-important place, inasmuch as she is, in the majority of cases, the first one to see the workman who is ill, whether this illness is caused by his occupation, or otherwise. With her rests the responsibility of bringing to the notice and attention of the doctor any illness or accident that she considers beyond her

sphere. This is so important. If the nurse fumbles the case it is often neglected, and too often with serious results. The nurse must never minimize, no matter how trivial the case may be. Efficiency in the nurse's work is not dependent on the number of major cases that come to the dispensary—as they would receive adequate treatment anyhow—but on the minor ones, which often, if not correctly treated, may become major ones.

There are distinct types of cases coming to the hospital. The accident cases will be of every degree and description and must be correctly allocated—those requiring the doctor's attention, and those minor enough to be dressed and put back to work at once. It is often difficult for the nurse to make this allocation but she must always give herself the benefit of the doubt, and will likely retain her job longer. A nurse must not attempt to practice medicine. She is not licensed for this, and too often this is not observed. It is not wise or legal for her to use the eye-spud, the scalpel, or to administer on her own initiative serums or hypodermics that are clearly labelled "to be used only under a physician's direction". Employers who encourage such practice should be politely told that it is beyond the nurse's sphere. Likewise the careful nurse does not attempt to diagnose. This will often prove embarrassing to herself as well as to the doctor, and may be disastrous to the worker. Some employers provide cold serum to be administered by the nurse without medical supervision. This is a dangerous practice and is doing more than anything to give cold serum a black eye.

If the factory nurse is to retain the confidence of the female employee, she must be careful not to play favourites. Associating with the girls from the office, in the cafeteria and in the grounds

at lunch hour, is a mistake. Also calling in the office worker ahead of the factory girl, from the waiting room will be resented, and soon destroys the nurse's value in the plant. The nurse can do some fine diplomatic work by lunching occasionally with the girls from the factory, and also by attending some of their social functions. This promotes goodwill, and the nurse is soon looked on as a friend. It is well to remember that the gulf between factory and office is greater with the girls than with the men, and it is well for the nurse to recognize that today many of the girls who are welding or riveting in the factory have social and educational background as good as the girl who takes the notes from the manager. In fact, today, with the spirit of national war effort and sacrifice paramount, you will find in our factories many girls with excellent education and high social standing. The nurse must be one of the first to recognize this, and pay deference to it, if she is going to retain her hold on the confidence of the employees.

The nurse's personal appearance is of major importance. Just because she is working in a factory, and dealing often with grimy individuals, is no reason why she should wear a spotted uniform and have untidy hair. Personal appearance counts for as much in the factory hospital as it does in the private pavilion.

So much for ethics and professional conduct. On the practical and preventive side of the industrial nurse's work her first consideration is the initial treatment of accident cases. Rigid adherence on the part of the nurse to the surgical rules laid down by the doctor is most important. Eternal vigilance is the price of safety, and this is a good rule that the nurse must follow at all times, and the careful cleansing and sterilization by the application of some suitable antiseptic to

the most trivial scratch may prevent serious infection and subsequent loss of time. The personnel of every factory hospital have seen far more trouble arise from a pin-prick than from an amputation. It is well for the nurse to learn if there is a type of infection peculiar to her own industry. For instance in the aircraft industry we have aluminium alloys that prolong the healing of cuts. Very small particles of Dural in a cut may prevent it healing for weeks. We have overcome this to a large extent by education and the use of alcohol dressings. Employees working with aluminium compounds are repeatedly warned to come to the dispensary with every scratch. The nurse washes the cut thoroughly with green soap and water, and applies an alcohol dressing. This, again is one place where the nurse must be familiar with her own industry.

The man who comes into the hospital complaining of stomach-ache, and asks for a *seidlitz*, or stomach powder, cannot always be dismissed lightly. The wise nurse will often recognize that he may actually be suffering from lead poisoning. This is a case for the factory doctor, for if the employee is allowed to go home and call the family physician, who is unfamiliar with his exposure to lead, he may come to an unnecessary surgical operation. This has happened on more than one occasion. Chrome, in paints, may cause an intense itchy rash as will amyl acetate which is used sometimes as a substitute for butyl acetate in certain paints.

Cadmium is a metal that is used extensively in certain industries in electroplating and soldering. If the industry uses this metal the nurse should know it. The man who comes in with a tightness in his chest and asks for cough medicine may be suffering from cadmium poisoning, and require urgent medical at-



tention if his life is to be saved. These cases develop a pulmonary oedema.

A workman may come in with many small burns on his arms. They may look quite simple, and he may be apologetic about coming to the dispensary for such a trivial thing — but in a few minutes, he faints, and then if the nurse is familiar with the plant, she will want to find out if they are cyanide burns. Cyanide is used for the hardening of machine tools, and neglected burns from it are sometimes fatal, unless the chemical is all removed. This is done by the doctor forcibly scraping the burns with a sharp scalpel, and liberally washing with plain water. A cyanide burn the size of a quarter may be fatal. Chrome burns are also serious but not so fatal.

Another workman may come in with a nose-bleed, quite a common thing in everyday life, but if he works in the heat-treating department or the paint shop, he may have been exposed to chromic acid or zinc chromate, and investigation of his nose-bleed may reveal a perforating ulcer of the nasal septum. This workman must be removed at once from this hazard, and have prolonged treatment if a permanent disability is to be prevented. An intelligent nurse will look for cases like this as, with men in this department, familiarity breeds contempt, and they are inclined to minimize their trouble until too late.

A girl who comes in for an aspirin tablet may reveal a pair of sore-looking hands. An observant nurse may realize something is amiss before the patient. If this girl operates a lathe, she is probably suffering from irritating cutting oils or compounds — an occupational dermatitis. An alert nurse may save this worker a great deal of discomfort, and prevent another lost-time accident by sending this case to the doctor. It is interesting to note that blondes are more susceptible to occupational der-

matitis than brunettes, as are individuals with athlete's foot, seborrhoea, anemia and rheumatism. Employees on machines using cutting oils, who wash frequently, will do much to avoid skin irritation. This is something for the nurse to urge repeatedly. She can also see that the soap used in the washrooms is rather mild, as many strong soaps only increase the irritation. The nurse can also advise against the use of petroleum benzine, turpentine, and other solvents that workmen are apt to clean their hands with, as often the dermatitis they have is the result of the methods they use for cleaning their hands, rather than the oils and compounds.

A nurse may notice that the girls in the welding department appear more anaemic than those in another department, and she could bring this to the attention of the doctor, who would investigate it. In this particular department, if there is faulty ventilation, the fumes from the welding compounds may cause a progressive anaemia. In a case like this, the company would increase the efficiency of the worker by improving the ventilation, and the providing of iron tonics.

Every factory employing large numbers of girls will find many coming to the dispensary daily for cough medicines. It is a well recognized fact that the bronchial membranes in the female are more easily irritated by dust and gases, than in the male. A certain number of these girls will worry about the possibility of tuberculosis, and this is one place where the nurse can lend a helping hand, as their fears must be either dissipated or confirmed. If they will not go to their family physician, they may be directed to some clinic like the Gage Institute, for investigation.

The factory nurse may be of help by giving simple advice on diet. Girls who appear under-nourished and are con-

tinually coming to the hospital for headache tablets may be advised on their food, and possibly the correction of constipation. In our industry, we find more girls complaining of faintness and sick stomach in the morning than men, and in many of these cases they have come to work without breakfast or, at best, without an adequate meal. Those suffering from a sluggish liver and faulty elimination feel their worst in the morning, and this no doubt accounts for the high incidence of sickness amongst the girls in the early hours of work.

Companies who employ a nurse to follow up absentees are providing a useful service, as many employees will remain at home for a day or two without medical attention. A suggestion from the visiting nurse that they see their doctors is often heeded, and they will be back to work that much sooner. In the case of key men, this is, in these days, an important thing.

The nurse must be careful not to suggest this or that doctor, as the individual is still entitled to his choice of physician; this is something that is too often forgotten. Accidents and occupational diseases are, of course, undoubtedly better handled by the factory doctor, who is, in a sense, a specialist in this particular branch of work. Especially in the occupational diseases, his familiarity with

the industry and the materials used may be the important thing in treatment. Just as we mentioned in cadmium and lead poisoning, the family doctor, no matter how brilliant, might be at a decided disadvantage in treating these cases.

Besides the specific cases mentioned, there are a variety of individual troubles being presented to the nurse daily, many of them nervous and mental. A man may be coming repeatedly to the dispensary complaining of this and that, and saying he "feels all-in", and although he has no apparent disease, he may be full of symptoms. The nurse, by the confidence she radiates, may be the first one to find out from him that he is in trouble at home. The nurse will run across many cases like this, and by helping, even in a small way, the person in trouble, she may be indirectly helping production in the plant, as well as bringing happiness to the individual.

Industrial psychology is a subject worthy of more attention, because often sickness absence in industry may be due to other than physical causes. The worker may be in the wrong job or under the wrong boss. No one, probably, will have a better opportunity than the nurse to measure the mental make-up of those with whom she comes in contact.

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## Aprons and Bare Legs

The epidemic of bare legs is spreading. The London County Hospitals, Guy's Hospital, Manchester Corporation Hospitals, as well as the hospitals of the Lancashire Mental Hospitals Board, allow members of the nursing staff to leave off their stockings. Evidently the country feels that a uniform is not complete without stockings for all members of the women's Services keep

their legs covered. The wearing of black non-porous shoes next to the skin may cause blisters and sores which may affect the health of the nurse and therefore the welfare of the patient. If the country can still afford to give stockings to its other uniformed services, should the nurse not have the same privilege?

— *Nursing Times*



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## Health Notes by Radio

The Canadian Nurses Association appreciates very much that in National Health Radio Notes issued during the month of October, the Publicity and Health Education Division of the Department of Pensions and National Health arranged to have a "Note" on Nursing announced every second day. Each "Note" has an appeal to some specific aspect of nursing service. The Publicity and Health Education Division of the Department of Pensions and National Health plans to release similar announcements during ensuing months.

This further evidence of the Department of Pensions and National Health to co-operate with the Canadian Nurses Association is most gratefully acknowledged. The Association is already indebted to this Federal Department for a grant of \$115,000.00 for the fiscal year 1942-43 (see *The Canadian Nurse*, September issue, page 607.)

The National Health Radio Notes are being announced daily by 27 private stations; 21 C.B.C. supplementary stations; 26 network stations, and by 10 basic stations of the C.B.C., a total of 84 stations.

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## Post-Graduate Clinical Courses

The Committee appointed by the Canadian Nurses Association to award bursaries to candidates for post-graduate

clinical courses wishes to announce that applications for these courses must be sent to National Office before December 31, 1942. A candidate for this type of bursary should have at least six months' experience following graduation in the field of nursing in which she wishes to take a post-graduate course. A candidate should hold a complete high school provincial certificate or matriculation standing (or equivalent), be a graduate of an approved school of nursing, and a member in good standing of a provincial association of registered nurses by which a nurse becomes a member of the Canadian Nurses Association. An evaluation of an applicant's personality, interests and potentialities will be obtained. Each candidate to receive a bursary will be under contract for a year's service in civilian nursing in Canada following completion of her course. Preference will be given to applicants who select a course in which university study is given concurrently with clinical experience.

The maximum amount of this type of bursary will be two hundred and fifty dollars depending on the amount required for travelling expenses.

Also a limited number of applicants will be considered who, having secured advanced preparation in nursing by a year or more at a University, may wish to broaden that experience through observation in some other large centre.

Bursaries can be awarded for clinical courses in Canada only.

Application forms may be secured from the provincial office of each association of registered nurses.

### A Correction

A Brief on Nursing Service in relation to Health Insurance as submitted by the Canadian Nurses Association to the Federal Authorities early in June 1942, was published in the September issue of the *Journal*, pages 709-711.

It is regretted that in copy of the Brief sent to the Editor of the *Journal*, paragraph three, under the section "Health Insurance Councils" was not revised to coincide with the final revision of the Brief. The concluding sentence of paragraph three should be: "It is further recommended that, to effectually coordinate the work, representatives of the different fields of nursing should be rotated on these councils and on regional advisory committees."

### Canadian Women in the War Effort

Among the series of Canadian War Pamphlets issued by The Macmillan Company of Canada Limited, is one "Canadian Women in the War Effort" by Miss Charlotte Whitton, which is a compilation of information about every organized group of women in Canada which is making a planned war effort.

Organizations of nurses may secure this pamphlet for distribution to members on the following terms: less than 99 copies, 50c each, less 33-1/3%; 499 or less at 50c each, less 33-1/3% plus 5%; 500 upwards, 40%. Orders for copies should be sent to The Macmillan Company of Canada Limited, St. Martin's House, 70 Bond Street, Toronto.

### Bursaries Awarded

In the September issue of the *Journal*, the President of the Canadian Nurses Association announced the allotment and purposes of a grant of \$115,000.00 as received from the Federal Government for the fiscal year 1942-43.

One allotment of the grant, twenty-five thousand dollars, is "to provide scholarships for graduate nurses who are deemed by the Canadian Nurses Association to be promising material for education as teachers, supervisors and administrators".

The Committee appointed to select promising candidates for bursaries (scholarships) from applications received met on August 29 when, before considering a large number of applications, the following policies for the Committee's guidance were adopted:

1. That funds for bursaries be used for study in Canada only (a federal government ruling).
2. That approximately \$2500.00 be earmarked for French-speaking applicants.
3. That a contract be required from recipients of bursaries and that each recipient be asked to postpone military service until the contract is fulfilled.
4. That applicants who had enrolled for courses after the announcement of the grant be given first consideration.
5. That the Montreal members of the Committee be authorized to deal with any further applications.

Four meetings of the Committee were held between August 29 and September 17. A total of 112 applications were received. Forty-five applicants were awarded bursaries. The Committee realized that all successful candidates should be enrolled before September 30, therefore every effort was made to deal speedily with each applicant. Unfortu-



Province	Teaching & Supervision		Administration		Total Amounts
	Schools of Nursing	Public Health	Schools of Nursing	Public Health	
Alberta.....	3	—	1	—	\$1,965.00
British Columbia.....	3	—	—	1	1,600.00
Manitoba.....	4	3	—	—	2,765.00
New Brunswick.....	1	2	—	—	1,330.00
Nova Scotia.....	1	2	—	—	1,400.00
Ontario.....	1	4	1	1	2,650.00
Prince Edward Island...	—	1	—	—	265.00
Quebec.....	— (French)	7	(French)	2	2,525.00
	— (English)	1	—	—	500.00
Saskatchewan.....	5	1	—	—	3,000.00
					\$18,000.00

nately approximately thirty percent of applications were not in complete form—in most instances the required three letters of reference did not arrive.

The applications by French-speaking nurses were considered by their representatives on the Committee.

The allocation of bursaries according to Province showing the number of awards for a year's study at a University Department or School of Nursing is indicated in the above table.

### British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

#### Alberta:

University of Alberta Hospital, Edmonton .....	\$50.05
Royal Alexandra Hospital staff, Edmonton .....	25.75
Royal Alexandra Student Body, Edmonton .....	10.00
Misericordia Hospital, Calgary ...	13.50
Calgary General Hospital .....	40.00
Student nurses, Holy Cross Hospital, Calgary .....	31.00
A. A., Lamont Hospital .....	13.35
Stettler Graduate Nurses' Group ..	9.00

Drumheller District No. 5 .....	65.00
Calgary District No. 3 .....	20.00
Country hospitals .....	46.00
Individual donations .....	76.35

#### Nova Scotia:

Halifax Branch .....	11.75
Pictou Co. Branch .....	3.00
Valley Branch .....	16.75
Colchester Co. Branch .....	15.00
Lenenburg Co. Branch .....	5.00

#### Ontario:

##### District 1:

A. A., Memorial Hospital, St. Thomas .....	11.25
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##### District 4:

Graduating class, Hamilton General Hospital .....	100.00
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##### District 5:

A. A., Women's College Hospital, Toronto .....	50.00
A. A., Toronto General Hospital ..	125.00
Matron and Nursing Sisters: Camp Borden Military Hospital ..	35.00
Chorley Park Military Hospital, Toronto .....	25.00

##### District 7:

Nursing staff, Ontario Hospital, Kingston .....	142.00
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##### District 9:

Sault Ste. Marie nurses .....	28.00
Kirkland Lake nurses .....	10.50

## Annual Meeting in New Brunswick

The annual meeting of the New Brunswick Association of Registered Nurses was held recently in St. Stephen, with 107 members in attendance. In her presidential address, Sister Kerr spoke of the work of the Emergency Nursing Adviser and outlined the program formulated by the joint meeting of representatives of our Canadian Universities and the Executive of the Canadian Nurses Association. The report of the secretary was given by Miss Law who stated that the membership of the Association is now 914. The report of the treasurer, also given by Miss Law, showed the financial affairs of the Association to be in good condition. The Legislation Committee report was presented by Miss B. L. Gregory.

Miss Margaret Pringle presented her report as Emergency Nursing Adviser and much discussion followed. Miss Alma Law reported on the general meeting of the Canadian Nurses Association. Miss Marion Myers, convener, Hospital and School of Nursing Section, presented her report and suggested that the chapters, committees and groups undertake, as part of their year's activity, a comprehensive study of the reports of the work of the Canadian Nurses Association appearing in the September number of *The Canadian Nurse*.

Miss Helen Cahill, convener of *The Canadian Nurse* committee, reported an increase of twenty-three subscriptions over last year. Miss Clara Boyd, convener of the Committee on Instruction, reported a meeting held to consider an outline of study relating to uniformity in our provincial R.N. examinations. The following recommendations were submitted: that two and one-half days, instead of two days be given applicants to write their examinations; that the pass mark be changed to 60 instead of 50, and that the aggregate marks be 540 with not less than 45 on any subject. Miss Ada Burns, convener, Public Health Section, reported three new appointments made by the Government in the field of public health nursing. Recommendations from the Public Health Section, Canadian Nurses Association, were read. Miss Myrtle Kay, convener, General Nursing Section, brought in a recommendation that eight-hour duty be adopted and the following schedule of fees be approved: eight-hour duty, \$4.00; twelve-hour duty,

\$5.00; twenty-hour duty, \$6.00.

Miss A. J. MacMaster, convener, Scholarship Award Committee, reported that a scholarship of \$250 was awarded Miss Louise Bartsch who is taking a course in administration at the School for Graduate Nurses, McGill University. Mrs. G. E. van Dorsser, chairman, Enrolment of Nurses Committee, spoke of the importance of continuing enrolment in case of disaster. Miss Ada Burns, convener, History of Nursing Committee, reported continued efforts to collect all historical items of interest in our province. Miss Mabel McMullen, convener, committee to study eight-hour duty, presented her report and, though it was felt that eight-hour duty would be ideal, the time is inopportune and it remains an objective for the future. A round table conference on current nursing events, conducted by Miss Marion Myers, proved interesting and instructive. The reports on local chapters showed a very active year.

The following officers and conveners were elected: President, Rev. Sister Kerr; first vice-president, Miss Lois Smith; second vice-president, Miss Reta Follis; hon.-secretary, Miss Mabel McMullen; Conveners of Committees: advisory committee of schools of nursing, Miss A. F. Law; legislation committee, Miss Dorothy Parsons; *The Canadian Nurse*, Miss Nellie Wallace; Public Health Section, Miss Muriel Hunter; General Nursing Section, Miss Mary Harding; education and instruction, Miss Marion Myers; Representatives of Chapters and Districts: Miss A. J. MacMaster, Moncton; Rev. Sister Saint Stanislaus, Chatham; Representatives to National Committees: Miss B. L. Gregory, health insurance and nursing service; Miss A. A. Burns, history of nursing; Miss M. McMullen, eight-hour duty for nurses; Miss Marion Myers, exchange of nurses.

Mr. T. C. McNabb, General Manager, C.P.R., District of New Brunswick, was guest speaker at the dinner meeting; his topic was fortitude. The St. Croix Medical Association entertained the nurses at tea. An invitation from the Saint John Chapter to hold the 1943 annual meeting in Saint John was accepted.

ALMA F. LAW

Secretary-Registrar, N.B.A.R.N.



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## PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

### A Comparison of Health Service in Elementary and Secondary Schools

W. V. GODARD

It has been stated by an authority on school nursing that the primary aim, which the nurse and all other health workers must hold constantly in mind, is opportunity for every child for continuous and satisfactory growth in control of conduct contributory to health. If we are willing to accept this as a goal, a comparison of health services in elementary and secondary schools will be more one of degree than of kind; suiting the program to the stage of maturation of the child—physical, mental, emotional and social, and to those needs shown from study of the vital statistics of the age group.

Growth is said to be the most striking characteristic of the child though it is uneven and irregular and varies with each individual. Height and weight cycles are noted by various writers and both boys and girls are very conscious of their appearance and most anxious to conform to the so-called norm., whereas the younger child frequently cares little or nothing about his appearance. Regarding mental growth, children with a lower I. Q. are apt to be retarded in motor, physical and sensory development but the problem is more academic than physical. Nevertheless the nurse should know the mental level and suit her service to the student's needs.

Emotional growth seems to vary even more than physical or mental development. However, there are broad general characteristics of the school age groups. Both elementary and secondary school children have desires for group recognition, for new experiences and for security. The younger child needs a greater assurance that he has love and protection from those adults with whom he comes in contact, whereas the adolescent wants to take this for granted and seeks understanding of his striving for independence. Both groups also wish for response or intimacy with one person, either parent, teacher, some especially liked companion or even a pet dog.

Children of all age groups are enchantingly unlike one another, but they are also alike. The boys and girls in kindergarten and first grades play well together, but later want groups of their own age and sex, organized or unorganized, as their chief social interest and they seek the approval of the group rather than family or other adults, especially after ten years of age. Gang play progresses to team play and by secondary school age there is a keen interest in competitive sports either as participant or observer and in other activities shared by both sexes.

During the so-called gang age, there

is a special lack of sympathy toward the opposite sex. Ethical standards, loyalty, fairness, self-reliance, and so forth are acquired in this period so that by the time he has entered high school the child has a fairly well-defined sense of social responsibility. His sins of omission are more thoughtlessness than ignorance. Though rebellious of authority he can be impressed when he sees the utility and necessity of authority and he is very ready to accept the rules from his own age group. Between the true gang age and the gradual returning interest in the other sex, there is in some children a negativistic period; in girls this may be at about twelve or thirteen years and in boys thirteen to fourteen years. They are unsocial, become critical, self-centred and selfish and fight with and against everything, and seek interest in sex.

The period from twelve to eighteen years is usually a healthy period. However, deaths from tuberculosis rise after fifteen years of age, excepting in those municipalities which have paid special attention to this disease. In girls, the tuberculosis curve rises sharply from fifteen to twenty years; for males it extends further into adulthood. Miss Ella Chayer in her book on School Nursing states "despite the fact that death rates and indices of illness are low, the physical status of the secondary school child is inferior in many respects to that of the younger group. Defects of vision are doubled, heart and lung conditions are greatly increased. Thyroid and skin disturbance and skin infections are prevalent and constipation and indigestion are so common as to constitute a major problem as so many of these conditions seem to have a direct connection with appendicitis". She also writes "the student himself is the only person who can make the necessary alterations in

his mode of living. His education should develop in him a scientific attitude to serve as a basis for evaluation of present and future situations involving the fundamentals of living and the selection of expert medical service." This, it would seem, places a great deal of responsibility upon the shoulders of the adolescent, a responsibility he cannot carry to a successful conclusion without thorough education in the elementary school in healthful living, correction of his defects, control of communicable diseases and adequate immunization to be followed in the secondary school by intelligent guidance.

School health work in elementary schools has gone through at least three stages since its inception. The first phase was inspection to disclose and prevent spread of contagious diseases; the second emphasized examination to detect and bring about correction of physical defects. Added to these two is the third which is largely accomplished through teaching health systematically as part of the regular school curriculum. With these changing concepts, new methods evolved until we now have routines which make for efficiency in serving large numbers of children scattered in many elementary schools. The minimum nursing program as authorized by the Province of Ontario provides for rapid classroom inspections in September and January; classroom inspections in autumn and spring; vision tests yearly; preparation for the physician's examination of children in grades one and seven; home visiting and the recording of these activities.

Last year in St. Catharines 2625 hours were spent by the four nurses in elementary schools, plus other time in home visiting for service to 4118 pupils. The School Medical Officer spent four mornings weekly in the schools and did



618 examinations with parents present; 865 with parents' consent, and 676 special examinations, a total of 2159. Four hundred and five students graduated from elementary school; eighteen of whom had uncorrected defects other than dental. If this personnel and this amount of time is necessary to carry a program in elementary schools, what can we hope to provide in the secondary school where we are still in the pioneer stage.

The results of a recent study of school health services in Tennessee show that it might be profitable for us to re-evaluate much of our program. Their conclusions suggest the unproductivity of the frequent medical examination and other routine procedures; the relatively greater importance of service to the younger versus the older group; the value of a parent present at the examination and the importance of applying the resources of the community where they will do the most good. Frequent periodic vision testing is the only exception made to repetition of examination.

To carry the three functions: communicable disease control, direction and correction of defects, health promotion and education, we must have a healthful school environment. Inspection and advice of health workers are needed and the three functions are our responsibility though the emphasis may vary. Communicable disease control is a lesser problem in the secondary than in the elementary. The main hazards are the common cold, influenza and tuberculosis; however, the students can and do protect themselves and others more than in the lower grades. This is partly due to the fact that most primary health habits have become automatic and, if our educational program has been good, he has an awakened desire for physical perfection. The anger of a high school

student when he acquires german measles, which to him is a baby's disease, is quite illuminating, so also is the manner in which he is shunned by his fellows. He, however, accepts exclusion as a matter of course and quarantine is usually good.

Of the second function, that of detection of defects and the promotion of health, the Tennessee study states that "the parent is responsible for carrying out recommendations for the young child, but at adolescence or shortly after the child must begin to assume this as a personal responsibility. For this reason and because of changes which take place, a second medical examination should be offered at which the individual's history is reviewed, the present health status evaluated and recommendations made directly to the child for further improvement or protection of his personal health. Such an examination might properly be made in the early years of high school and might be made at different ages for boys and girls".

In a collegiate of 1200 to 1400 students, there will be from 450 to 500 entering each year. Can we give this number of students an unhurried thorough examination and explanation in the time the health staff can give? A hurried examination may be worse than none as it may fail to detect illness or defect and thus create a false sense of security. With this in mind, should the policy of physical examination of secondary school students be frankly stated as a rapid search for gross abnormalities and an exercise test of heart function or shall we attempt something more thorough?

In spite of careful follow-up, many children enter our high schools with known uncorrected defects. If the child and parents fail to recognize the need for correction when first notified, experience has shown that in most cases, they will not do so later. Which leads

one to ask with what type of health problem does the secondary school student feel he or she needs help? What are the health hazards from which he needs protection? What shall be the emphasis?

Undoubtedly, we should stress the third function — that of health education, both formal and informal. There should be tests and x-ray for tuberculosis, instruction in knowledge of nutrition and its practical application, dental care, protection of eye-sight, help in correction of poor posture, some sex education, determination of fitness for competitive sport, help with budgetting of time to prevent over-fatigue and to accommodate to the curriculum. The adolescent frequently hides his worries or broods over them, or his overt behaviour is difficult to control which means that we must provide time and opportunity for the student to express himself in one or more conferences which he feels are his alone. The understanding craved in this period is in the emotional and mental turmoil, their wish to master this turmoil, in their interest in physical development, in their interest in sex, in their desire for independence, in their leaning to social activity, in their interest in love and in their reconstruction of religious beliefs. To have and give this understanding, a worker must have faith in the adolescent, not overlooking his faults, but knowing them, still have belief in him and through goodwill, kindness and the desire to help, have patience not weakness toward him. To do this we must study youth through literature, we must have had experiences of our own, we must have contact with youth and the will to understand. This willingness to understand is not the function of the health workers only, but of the whole school personnel which brings us to the second aspect, that is, desirable relationships with the principal

and classroom teacher and the teachers of household science and physical education.

A nurse assigned to school work becomes a member of the school staff and as such is responsible to the principal for the conduct of the school health service in the particular school. Although a nurse is a member of the school staff, we must not lose sight of the fact that we are members of one profession invading or invited into the province of another profession. Miss Chayer has emphasized this point: "the school nurse must be professionally prepared to relate herself to the health services . . . therefore, she must be competent within her own professional field of public health nursing. But more than this is expected of her; she is carrying on her activities within an educational system with whose philosophy, aims, methods and administration she must be familiar, and to which she must relate all she does."

What then is the relationship between the principal, the classroom teachers and the nurse? Before making a schedule of work the nurse should submit a tentative plan. The approved plan is then announced to the teachers by the principal who may or may not ask the nurse to give further details to the teachers. The principal can expect that the program once set up will run on schedule; that any extra activity such as tests for tuberculosis, will be planned well in advance; that periods of school work will be long enough as to make economical use of time; that appointments for pupils in the health room will take the minimum necessary time from their academic work and that matters of major importance will be reported to him promptly. What the nurse wants most of all from the principal is that he will recognize and promote desirable health service and health education



standards. Relationships with the classroom teachers will in general follow the attitudes and practice set by the principal.

Effective relationships with the household economics teachers is of mutual benefit. Children in this department are frequently from less privileged families. Classes as a rule are smaller and the teacher knows the students' problems. She is thus able to refer students needing health service and guidance and endorses recommendations for correction of physical defects, mental attitudes, and faulty nutrition. The health room linen provides material for laundry lessons. There is also excellent opportunity for co-operative teaching, the nurse contributing to content, the teacher to method.

Close relationship with the physical education teachers is of paramount importance. They are the only other workers trained to detect deviations from the normal and can refer many boys and girls. These teachers have more informal contacts with the students and, therefore, the pupils are inclined to confide in these instructors, especially worries over home and school conditions,

also emotional disturbances and social activities. An unhurried conference with the nurse or physician frequently clears up many of these problems, or the more serious ones can be referred to specialists in the community. Again here is opportunity for co-operative teaching. The physical education teachers teach the formal classes on health and they instruct and encourage the students in recognizing their own health needs and to voluntarily seek expert advice. The physician and nurse in return supply factual scientific information and source materials as well as giving health service. If the nurse is expected to teach home nursing there should be adequate equipment.

The physician and nurse as members of the staff should attend the teachers' meetings, but more important than periodic conferences is continuous team work and a unified program for the whole personnel, not many unrelated activities. Each worker must appreciate the fundamentals of child guidance if we are to keep as our aim: "For every child continuous and satisfactory growth in control of conduct contributory to health".

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### Beware of Fraudulent Agents!

A fraudulent agent is playing his mean and miserable tricks in the Prairie Provinces and one of these plausible thieves even had the audacity to call on the registrar of the Saskatoon Registered Nurses Association. Fortunately she was on the alert and describes the interview as follows:

Recently a man called at our local registry, wanting a list of our nurses, for the purpose of soliciting subscriptions to *The Canadian Nurse*. He said he had undertaken the work of obtaining subscriptions in Edmon-

ton, Alta. I told him I could not understand his calling as we had our own local and Provincial representatives to the *Journal* and asked him for his name and identification, which he did not give and immediately said he had to go out of town for three or four days and would call when he returned. Of course I did not give him our list of nurses, and a week has passed and we have heard no more from him.

Once more we repeat the sad warning — the *Journal* employs no agents. Anyone who claims to be one is a fraud.

# Educational Aspects of the Toronto Health Service

EILEEN CRYDERMAN

Before giving an interpretation of how the Health Service aids the hospital staff in the bringing of health teaching into the undergraduate curriculum, it is perhaps well to explain that this particular department in the various general hospitals in Toronto (with the exception of the Toronto General Hospital), together represent one of the nine units of the Nursing Division of the Department of Public Health of the city of Toronto. The nurses in this unit serve sixteen hospitals and are placed according to the need of the individual hospital. Here the Health Service attempts to act as a link between hospital and home, by interpretation of the patient to the medical and nursing staff, and by endeavouring to make sure the patient not only understands the doctor's orders but can carry them out. In acting as a liaison officer between patient and hospital, the health service nurse works very closely with the public health nurse in the district, and through her with the community resources to help meet her objectives.

It is felt that the teaching of health in the undergraduate curriculum is primarily the responsibility of the hospital administration. But, as the Health Service is an integral part of the hospital, it is thought that until such time as there is a public health nurse in each hospital, responsible for that part of the curriculum, it should lead in the general interpretation to the junior student of what the Health Service stands for, its purposes, functions and how these are carried out. In this way, if the student is interested, she may obtain at least some conception of the role of the public

health nurse in the hospital and in the district.

The following is a brief outline of what is attempted for the undergraduate student: the students all come to the Health Service at some time during their junior year and, at stated intervals, a centralized illustrated lecture is given to a group from all the hospitals participating in this plan. Slides are shown depicting the work of the public health nurse in the field and how her work is related to the Health Service worker and so to the hospital. The individual hospital is responsible for the giving out of mimeographed copies of a resumé of this lecture. Each student is assigned for one week of Health Service experience, three and one-half days of which is spent under supervision, and the remainder of the week in the out-patient department or ward as arranged by the superintendent, the student being subject to call should an interesting experience arise in the Health Service. One of the primary objects during this week is to enable the student to gain some understanding of the conditions under which the patient lives; some of the problems of community living which may affect the patient's recovery; what opportunities the patient may or may not have for carrying out the doctor's orders; and community resources for helping meet these needs. The student observes the admission of patients in the out-patient department and follows a suitable patient through the clinic, staying with her the entire time she has to wait, endeavouring to learn unsolicited facts about her reasons for being at the hospital and about her work and family. The student may



stay with her until she is in bed thus acting as a hostess to the new patient entering hospital. This helps the student, who after all is very junior, to use her own initiative and to have a better understanding of the problems of the patient.

The student also observes a little of the general clinic routine but is there primarily for the observance of the Health Service work in selected clinics such as the chest, diabetic, obstetrical, venereal disease and, in the Hospital for Sick Children, the heart and orthopedic clinics. Here she is able to link up what she has been told is the purpose of the service. For example, in the pre-natal clinic she sees the worker interviewing Mrs. Brown, after she has seen the doctor. This is Mrs. Brown's first baby and the first time she has ever been at a hospital clinic. Naturally she has been under quite a strain, and comes out not too sure what the doctor really has told her. The student is able to observe the nurse going over Mrs. Brown's chart, interpreting the doctor's orders, taking up any problems the patient may present herself, and giving the amount of teaching that is advisable during a first interview. She learns that Mrs. Brown is told that the public health nurse in her district will be coming to see her at home, and how she may contact her, if she wishes to see her in the meanwhile. The student later sees the report the Health Service nurse writes for the public health nurse in the district. Or, as another example, Mrs. Jones has been referred from the medical to the chest clinic; the doctor finds she has a moderately advanced active pulmonary tuberculosis, and tells her she must have the care that only a sanatorium can give her. The doctor in a busy clinic has very little time to give Mrs. Jones other than that required for the instructions he wishes her to follow. The student sees Mrs.

Jones being sent to the Health Service nurse to make sure these orders are understood and can be followed. She observes that Mrs. Jones is very disturbed—if she goes to a sanatorium who will care for her family? The student realizes that the worries uppermost in the patient's mind are her children and her dread of going to a sanatorium. She observes the nurse dealing with the points of primary importance. Here, too, she hears the patient being told that thenurse in her district will be in to see her soon, and is later told how the public health nurse in the district carries on with the teaching, the preparation for entering sanatorium and the instructions regarding the examination of contacts. Besides observing the Health Service nurse in the clinics the student accompanies her to the ward to listen in on a conference with the head nurse, and an interview with a patient.

This experience is a joint responsibility in that two days of each week are spent in some other department of the hospital and, at that time, the student does not come under Health Service supervision but that of the head nurse or supervisor. The importance of the teaching staff participating in and knowing the significance of the work and what the department is trying to do for the student cannot be stressed too much. The Health Service nurse does realize that part of her responsibility lies in the interpretation to the staff, so that the head nurse may aid the student in the correlation of this experience with her bedside work. It is necessary to reiterate the dependence of the Health Service nurse on the supervisor, the head nurse and the student for learning the patient's problem before aid can be given in solving it. The student has a very vital part to play in this. Can she not be taught the importance of her bedside conversation with the patient, for it is undoubtedly

her own nurse, the one who is bathing her and looking after her immediate needs, that the patient will confide in? At this time the student may also share in the teaching of health both from the curative and preventive angle.

The Health Service has no direct responsibility for the program of the intermediate and senior nurse but the School of Nursing carries out a plan with the aid of the hospital, the Health Department and the bedside-nursing organizations. A month's experience is available during which one day a week is given to lectures, reading, and essay work; two days are spent with a field supervisor; and the remainder of the week on duty in the hospital. The superintendent is responsible for seeing that these days in the hospital afford an opportunity for the correlation of health teaching with bedside work. The Health Service can only act in an advisory capacity but students are encouraged to come at any

time, and although this is being done to some extent it is felt that many could come more frequently. Some phase of public health work comes into many of their conferences and demonstrations, and the Health Service worker could sometimes be of help in interpretation. The head nurse is encouraged to allow the student to come at times, with a patient's problem she has herself discovered.

In short, the objective of the Health Service in participating in the undergraduate curriculum may be summed up in a quotation from an article written by Miss Katherine Tucker: "To have students see patients, first as people and second as patients, so that this picture can never be disentangled because it has penetrated into the student's feelings and she learns that, for these human beings in the hospital, health, to be an activating force, must be translated into their own terms, their needs, interests, understanding, desires and capacities."

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### A Recent Appointment



HELEN E. PENHALE

Miss Helen Eileen Penhale has recently been appointed to the teaching faculty of the Division of Study for Graduate Nurses at the University of Western Ontario. She is a graduate of the School of Nursing of the Mount Sinai Hospital, New York, where she was medical supervisor for three years. After a year of private duty, she became instructor at the University of Michigan Hospital, and subsequently joined the chemistry department at Columbia University. She was in charge of staff education and ward instruction at the Massachusetts General Hospital for one year, and then became nursing education instructor at Boston University. Miss Penhale has taken a post-graduate course in psychiatry at the Bloomingdale Hospital, New York, and holds the degrees of Bachelor of Science (Nursing) and Master of Arts.



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# HOSPITALS & SCHOOLS of NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## The Integration of Health and Community Aspects in the Basic Course

MARGARET STREET *and* IRENE HARVEY

The maintenance and promotion of health forms an integral part of the nursing function, going hand-in-hand with the prevention and cure of disease. The concept of health, in its most far-reaching personal and social implications, rightly constitutes the very life-blood of the curriculum, running through and vitalizing every learning process whether in classroom, laboratory, at the patient's bedside, in the clinic, or in home or community. Miss Katherine Tucker has given vivid expression to health aims which should activate the nursing curriculum, in these words: "We are concerned with how to incorporate the health approach into every part of the Curriculum of Schools of Nursing, not as a separate nursing function, but so that all nursing knowledge and skill will lead to the restoration, preservation, and attainment of health." The objectives, then, are clearly defined and it remains for schools of nursing to see that they are realized. In order that they may be, certain conditions must be fulfilled. All members of the staff of the school must share whole-heartedly in the common purpose: to be health-minded and desirous of imparting the same philosophy to their students; to be well informed upon matters pertaining

to public health movements; and to be acquainted with community health facilities and organizations. In this connection it has been suggested that sending students out into the community while head nurses and supervisors are entirely lacking in such contacts, is equivalent to putting the cart before the horse.

Another prerequisite to a realization of our health objectives is a healthy personnel in the hospital itself. This necessitates favorable environmental conditions, physical and social, in the nurses' residence and in the hospital; hygienic working conditions, including adequate provision for recreation and rest; and the maintenance of an active health service for students and staff. The school of nursing must also possess the necessary facilities for the teaching of health such as well-equipped classrooms, laboratories and wards; active and varied clinical services, including out-patient and social service departments. If possible affiliations should be arranged with public health nursing agencies and other community organizations.

In general, the integration of health in the nursing curriculum, is accomplished in four ways: through maintenance of the student's own health; through classroom instruction; through

clinical experience; and by means of the out-patient and social service departments and community affiliations. One hesitates to draw an arbitrary line between any of these vital aspects of the nurse's education. They are so closely interrelated and mutually dependent that they are really one, just as body, mind, and emotions make up the whole person. It is particularly difficult to discuss separately classroom and clinical teaching; one shades off into the other and they should blend harmoniously into a strengthened whole. However, for purposes of analysis, we shall attempt to trace the development of the health concept in the Curriculum under the four headings to which reference has been made.

*Health Service:* Until recently the health program for students, which was excellent in many hospitals, was designed to keep the staff at maximum efficiency. Now, in addition, its use in offering opportunities for integrating health into the curriculum is realized. Personal charts are used to demonstrate the possibilities of health examinations and the student's interest in her own health will lead to the developments of habits, attitudes, and knowledge regarding health promotion and the prevention of disease, first for herself and, by larger application, for those who come under her care, and finally for the community as a whole. In addition, the nurse must be able to demonstrate in appearance and in practice that which she is attempting to teach.

The use of instructors who are experienced in public health nursing, is invaluable and is recognized as a wise procedure in associating curative and preventive aspects and in linking up inside and outside services. These instructors also assist materially in guiding the application of mental hygiene thus helping students to adjust to new

situations and to understand the reactions of others.

The health service should include pre-entrance and entrance examinations excluding those who are physically or emotionally unfit. The entrance examination should be thorough and should include chest x-rays, physical examination and laboratory tests. Personality tests are being used more and more to determine the student's emotional fitness for nursing. Periodic examinations should be made and weight scores kept throughout the course. Health supervision should encourage the early reporting of illness and emphasize the importance of recognizing minor complaints as forerunners of potential illness. A friendly atmosphere is essential to overcome the reluctance of nurses to pay attention to minor conditions. Some hospitals have found it desirable to allow the students two weeks sick-leave without adding to her time so as to encourage reporting of illness early. Correction of defects by means of foot clinics, etc. should be undertaken. Mantoux tests should be made before and after assignment to duty in the tuberculosis service. Immunization is necessary against typhoid, diphtheria and small pox. A study should be made of the causes of illness among students, seasonal variations, incidence, etc., by the students themselves. Nourishment between meals and cod liver oil may be found necessary. Hospitals which supplement the diet during the winter months by giving cod liver oil capsules to their staff are able materially to reduce the number of days of sickness due to upper respiratory infections. The Curriculum of the National League of Nursing Education states that "health conservation and the prevention of disease is inherent in the whole concept of nursing and should be a part of the student's preparation from the beginning." How can this be accomplished better



than through her personal health program as maintained by the hospital health service?

*Residence life and recreation:* Residence life should afford the student the opportunity to see and experience the practical application of hygienic living. Students learn about health through favorable living and working conditions, and this means the adjustment of the educational plan in its relation to hospital and residence conditions. The routine of student life should be so ordered as to ensure a complete health program, including rest, diet, recreation, time for study. Facilities for privacy and comfort should be provided; the students should have single rooms, sufficient bathroom facilities (minimum of one bathroom to six students) and laundry facilities. Provision should be made for outdoor and indoor sports. Time and opportunity should be afforded for reading and music (mental hygiene in practice), and sufficient off-duty activity to discourage "post-mortems" of ward experience. The health office in the nurses' residence, with a competent and experienced graduate nurse as director, is of great value and should afford guidance in making physical and mental adjustments, both by formal and informal private discussion.

*Classroom and clinical experience:* Health cannot be taught effectively in a formal course of study; it enters into every subject in the Curriculum. Yet for the guidance of the young student, instruction is given in the principles of personal hygiene. In the words of the Proposed Curriculum, this instruction should be "less factual and more functional", and have as its aims the improvement of health attitudes and practice of the students themselves, and the provision of instructional material to equip them for health teaching.

Instruction in principles and methods

of teaching health is usually given in the second year of training. The student learns, under supervision, when to teach, how much to teach, and the best time to teach health. Instruction given to the patient by the nurse is in direct relation to his needs and wants; this necessitates an understanding of the patient as an individual, the disorder from which he is suffering, and something of his home and community background. Specifically, the nurse may teach bodily cleanliness, care of the teeth, of the hair, the value of a well-balanced diet, of fresh air and sunshine, or she may be required to demonstrate a procedure which the patient will carry out at home. The nurse herself must exemplify in her own person the principles of good hygiene.

*Basic sciences:* The basic sciences, including chemistry, anatomy and physiology, and bacteriology, are included in the Curriculum to provide a body of scientific knowledge from which nursing principles are derived. They enrich and strengthen the student's concept of health in its personal and community aspects. For example, in teaching chemistry special emphasis may be placed upon the physiological values of water and upon methods of purification. An excursion to the municipal waterworks would be valuable at this time. So, too, in the study of oxygen, stress will be laid upon its function in supporting life and supplying energy, as well as upon its therapeutic uses.

The study of anatomy and physiology seeks to give the student an understanding of the structure and function of the normal healthy human body. This knowledge serves as a guide to the recognition of deviations from the normal and as a scientific source from which nursing principles may be derived. Every lesson could well end on a health note. For example, a discussion of bone

tissue affords an opportunity to correlate anatomy with nutrition, personal hygiene, obstetrics and paediatrics.

Bacteriology is correlated with the other basic sciences and with the nursing arts, as also with community nursing problems. Excursions to the city bacteriological laboratory will help the student to appreciate the value of bacteriological principles and practice in the protection of the community. The student should gain some understanding of the growth and significance of the public health movement through a study of the history of bacteriology, and especially of the work of such men as Lister, Koch, and Pasteur. The safeguarding of society by immunization programs and the responsibility of the nurse in teaching the value of immunization would be emphasized. The student will thus be equipped to give more intelligent nursing care to patients suffering from communicable disease, and to prevent the spread of infection to others.

*Nursing arts:* Orientation of the young student to the hospital and school of nursing is so planned as to give her an appreciation of the place and function of the hospital in the community and of the importance of environmental control in relation to the health and safety of the patient. Tours of hospital departments and of community health agencies help the student to obtain a bird's-eye-view of the whole plan and opportunities for integration of health factors are legion. For example, the social significance of heart conditions, the anemias, carcinoma, tuberculosis, and venereal diseases must receive particular emphasis, as must their bearing on mental health. Obstetrics is a field in which almost unlimited opportunity is given for observing the normal and which can be used to great advantage to demonstrate the nurse's role in public health.

*Out-patient department and social service:* The aims of this specific experience are to view the work of the hospital from without; to supplement clinical experience on the wards; to enlarge the student's knowledge of social and community problems; to afford contacts with outside social and health agencies. The student will learn to interpret social factors in health and sickness situations in her own work and to help patients in their social adjustments. Conferences should include the discussion by physician, nurse, medical-social worker, psychiatrist, and dietitian of some individual patient presenting problems in all these fields. A family report, by five or six students working together, illustrating the consideration required to meet the associated problems of a family unit, would afford opportunity for observing results of teaching and the health practices of patients, as well as evaluation of standards of living. This study should be presented orally and an opportunity for discussion afforded.

*Community experience:* This experience is included in the Curriculum to serve not as an introduction to social and preventive aspects of nursing, but as a supplementary nursing experience in which the student will meet some of the more common situations found in family health work, and will obtain practice in dealing with them. Such affiliation necessitates competent educational direction and supervision in the department or organization concerned. The factors of supervision, time and experience must be considered and the educational preparation and experience of the student must be such as to make such opportunities valuable. In a word, the whole affiliation must be planned and carried out as an educational procedure. The employment by the hospital of educational directors and department heads with community experience will



materially aid this plan. The public health point of view may be furthered by inter-representation on boards and faculties of educators and hospital members, thus giving the personnel of the hospital a broader conception of the place of public health in community welfare.

*Conclusion:* As Mary S. Mathewson has said: "the health aspects of the un-

dergraduate nursing course may be said to include knowledge of normal, healthy individuals; measures for keeping them in health; measures for the prevention of preventable diseases, and for the protection of the community from infected individuals. The integration of the health and community aspects throughout the basic course is a fundamental issue."

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### We Go on the Wards!

Last autumn it became apparent that a severe shortage of civilian nurses would come about as the result of the large enrolment for overseas service. I have been married for seventeen years and therefore felt the need for brushing up. So, with four other members of our Alumnae Association, I approached Sister Mansfield, and the Superior of Holy Cross Hospital in Calgary, and asked permission to go "on the wards".

We all started at 8 a. m. and stayed till 5 p. m. and were on duty for a month. My own month started with a week on a ward which comprised female medical and surgical patients. I assisted one of the third-year students with her patients and saw all the treatments given—such as catheterization, douches, intravenous, transfusion, Wangenstein, steam kettle and tent, radiant heat, lumbar puncture and many more. The next week I spent in the central dressing room and from there I went to the obstetrical ward for a week. I helped with the care of the patients and was much interested in the labour and case room service, especially the new sedation. The fourth week I spent most of my time between cases with the internes watching them do treatments which are out of the nurse's jurisdiction. The other four nurses in our group divided their time a little differently and were on duty in the surgery and on the children's ward.

After this was all over we decided we needed some lectures by doctors so we organized an extensive two-day series for all

the graduate nurses in the city. Once again, with Sister Superior's kind permission, we had the use of the lecture hall and all the necessary equipment. These lectures were attended by nurses from nearly every well known training school in Canada, and some from the United States. We even had one who graduated in Switzerland. Our first lecture was given, by Dr. Clara Christie, on obstetrics and measures that could be used in case of an emergency. Miss Geraldine Norman, dietitian at Holy Cross Hospital, spoke on special diets, and the rest of the afternoon was taken up with demonstrations and classes. In the evening, Dr. Scarlett lectured on materia medica and the drugs necessary in emergency work. Dr. Johns also spoke on anaesthesia. On the following day, Dr. Jennings lectured on diabetes and the use and administration of insulin. The afternoon was taken up with more demonstrations and a tour of the Hospital when new equipment and its use was explained. In the evening Dr. Melling gave us a very interesting talk on mental cases, and Dr. Cody told us about recent advances in pediatrics. Since our little adventure other nurses have gone in and spent a month and we really feel that we are ready for anything that comes our way.

(MRS.) A. T. KLOEFFER

*Secretary, Holy Cross Alumnae  
Association  
Calgary*

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## GENERAL NURSING

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Contributed by the General Nursing Section of the Canadian Nurses Association

### A Blood Donor Service in Halifax

FRANCES BROWN, B. A.

There is always the need of blood for transfusion purposes, especially so in time of war for civilians as well as for the armed forces. During the first great war mobile blood banks were established, but these were found unsatisfactory because whole blood cannot be kept more than a few weeks. In September, 1939, work was begun on the extraction of serum from blood and its preparation in dried form under the direction of Dr. C. H. Best at the University of Toronto. This research led to a process by which the serum could be completely dried. The final product is easily transported and can be kept for a long time and, after the addition of sterile distilled water, is convenient to use. The indications for its use are those which normally call for a whole blood transfusion. In cases of shock from burns, where the condition is due to the loss of serum, the reconstituted dried serum is ideal and should be used in a twice-normal concentration obtained by adding only half the normal amount of distilled water. In cases of extensive hemorrhage, with or without severe shock, the dried serum is the best emergency blood substitute, but should be followed, if necessary, by a whole blood transfusion as soon as possible. In shock without hemorrhage, there is loss of blood volume

due to the loss of plasma, which escapes through the capillaries, thus increasing viscosity. This condition calls for serum more than for whole blood.

When the worth of this dried serum as an agent for the treatment of war casualties was proved, the Federal Government through the Department of Pensions and National Health requested that the work be extended. The Canadian Red Cross Society agreed to establish clinics across Canada, accommodating three thousand donors a week, to obtain these donors, and to transport the blood or serum to the Connaught Laboratories in Toronto. The Government also agreed to provide funds to finance the processing of the blood by the Connaught Laboratories. Clinics have been established in most of the larger cities in the Dominion, and are shipping a constant supply of blood or serum to Toronto.

In Nova Scotia, the central clinic is in Halifax, where we handle an average of one hundred donors a week. To become a donor, one must be a healthy individual between the ages of 21 and 60, and for women the hemoglobin must be normal. Some people think that women are not suitable donors but our experience in Halifax, where women make up over half our lists of donors, is



that we have more reaction among men than among women. The donors make appointments through our office to come either on Monday between 9.30 a.m. and 12.30 p.m. or on Wednesday between 5.30 p.m. and 8.30 p.m. They are asked to refrain from eating fried foods or foods containing fat, and to drink plenty of fluids on the day of donation. This is because the eating of fats makes the serum fatty, which means that the resulting dried product is oily and not satisfactory to use. Therefore we must discard all fatty serum and no one who has given his blood likes to think that it was useless. The extra fluid is to help the donor make up for what he loses and also may give us a larger yield of serum.

At the clinic, the donor is greeted by a member of the nursing section of the Women's Volunteer Corps of the Red Cross. His name is taken and he is given a slip of paper with his name and a number on it as well as a donor book and a record slip for our files. The slip of paper with his name will be put on the bottle into which his blood is taken. If he is a new donor he is sent to the technician, who types his blood and, in the case of a woman, takes blood for a hemoglobin test. Following this he goes back to the reception nurse who takes his temperature. He removes his coat and rolls up his sleeve and, as soon as a room is ready, goes in. There he is met by a graduate nurse who takes his slips and donor book and makes him as comfortable as possible on the donor table. His arm is washed with green soap and water and then with iodine and alcohol the tourniquet is tightened and the doctor injects a small amount of local anaesthetic, in this case Stocaine, one-half of one per cent, into the skin over the vein. The donor needle is inserted with very slight discomfort to the donor. The needle is large, a no. 16 gauge,

and the blood generally flows freely. The donor is given a small rubber ball to squeeze and if the blood still does not run well a little suction is applied by means of the nurse sucking the mouthpiece. When 400 c. c. have been drawn off, the doctor takes out the needle and a small sterile dressing is applied to the arm. The donor lies quietly for a few minutes and then if he feels all right he goes into the recovery room where he is given a cup of tea or coffee and biscuits. After resting for half an hour, the donor is ready to leave. The only reaction generally noted is moderate fatigue and excessive thirst.

After the clinic is over, all the blood is taken to the laboratory where, after standing for a few hours, the connections are removed, the clot is cut and a sample is taken from each donation for a Kahn or Wassermann test. The blood is left in the refrigerator overnight and, in the morning, as much serum as possible is drawn off the blood clot into 250 c. c. centrifuge bottles. These are centrifuged at 2000 r. p. m. for half an hour and then the supernatant serum is pooled into four-litre bottles as soon as the report of the Kahn tests is received. Samples of this pooled serum are taken off and planted in nutrient broth and on a poured agar plate and merthiolate is added as a preservative. These sterility tests are read at the end of a week and if the media show no bacterial growth, the serum is sterile and is ready to be shipped to the Connaught Laboratories. There the serum is put into large metal containers and then is forced through fine asbestos filters into large sterile bottles. Later, 250 c. c. is measured into smaller bottles, with paper-covered rubber necks, and immersed in alcohol cooled to 40 degrees Centigrade with dry ice, to freeze. When frozen, the bottles are placed in racks and the paper covers removed. They are then placed

in the vacuum cabinet and dried at a very low temperature in order not to alter the proteins chemically. These bottles are put into tin containers, sealed, and shipped to Ottawa, from which centres they are distributed to our Canadian Forces overseas and to centres in England for use by the civilian population. Of course a generous supply is kept in Canada for use in an emergency.

Here in Halifax, all the work that is not of a technical nature, is done by volunteers. The Clinic is staffed by about ten or twelve graduate nurses who are married or not in active work. There are also from six to ten members of the nursing section of the Red Cross Women's Volunteer Corps who take temperatures, make and serve refreshments, and look after the recovery room under the watchful eye of a graduate nurse. The work in the laboratory, such as

washing glassware and rubber tubing, making up the blood sets into which blood is drawn off, and serum sets used to draw the serum into centrifuge cups, and the centrifuging itself, is all done by volunteer help. These volunteers come from various organizations in the city, such as the Junior League, the St. John Ambulance, and the auxiliaries of the Red Cross and the I.O.D.E.

We find that many people are anxious to become donors. They feel there is so little they can do to help and this seems to them, as it actually is, a very personal effort, something that no one else can give, four-fifths of a pint of their own blood to save the life of some soldier, sailor or airman, or of some woman or child wounded by German bombs. England wants more serum and more donors are needed all over Canada. Why don't we all try it?

### A Voice from the Past

In years gone by we gave, to the senior girls in the public schools, a course of instruction in the care of babies. The girls had to write an examination and only a few weeks ago we found a manuscript, which recorded some very original answers to the questions—"Why is breast milk best for babies?" There is no doubt that they will prove helpful to the nurses, even the bright young ones of the present day, when they are teaching in the homes:

Because mostly bottle fed babies dies when they is young.

Because it protects from community diseases.

Because it is protected so that cats and dogs cant get a lick at it.

Because it prevents municipal diseases.

Because it is handyer in a trip.

Because it does not go sower.

The last answer in the collection, came we can be sure, from a dear good little girl. It is "Because it comes from God."

On one occasion when Bessie Elliott was taking part in this service, it was quite observable that she was overcome by one of the answers and it was quite a little time before she recovered from her emotion sufficiently to return to her work. When the marking was over, we heard what had affected her. It was an answer to the question—"What should a baby wear on a warm summer day?" The answer was—"A tin shirt and a dipper".

—*"Stepping Stones"*



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# STUDENT NURSES PAGE

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## In Charge at Night

JANE M. JOHNSON

*Student Nurse*

*School of Nursing, The Moncton Hospital, N. B.*

It was with mingled feelings that I learned that I was to go on night-duty, in charge on a private floor. "In charge" has an ominous sound, but I determined to do as good a job as possible, assisted by my two juniors, who were above the average in intelligence and willingness. We decided that each nurse should have the same patients nightly because the management had decided it was best to have a certain nurse assigned to certain patients. There were various reasons: the patient would relax more under a familiar hand; the nurse, knowing his general condition, is more able to observe a change, knows his likes and dislikes, and is better able to please. Then, too, our instructress had established the practice of writing case studies — she says it increases a student's powers of observation, interest in the patient, and general knowledge of the disease. All of us had to be familiar, none the less, with all the patients, so that a nurse from one corridor would not offer a patient in the other corridor (who had had a tonsillectomy) a hot drink, thus destroying the confidence and sense of well-being we were trying to build up.

On night duty you are under less supervision than on day duty. You must plan your work well and work rapidly.

But you must never give the impression of so doing; it is very irritating to most patients. There are two corridors on our private floor — a long and a short corridor. The night supervisor decided that the senior of my two helpers should have the long, and the junior the short corridor. Each one would be responsible for her own bells, and the 8 o'clock temperatures. In the meantime, I was to give the laxatives, make out the drug list, and answer the telephone. It worked fairly well, although there seemed to be a great many bells ringing, and we were dismayed to find it took so long to give the medicines and take temperatures because we were constantly interrupted. With a little co-operation from the day nurses we began to avoid this. The patients were left comfortable and, with drinks on their tables, rarely rang until we had time to get our preliminary work done. There was also a little difficulty about visitors. Most people do not realize the value of time (even a few minutes) to a nurse. We finally settled this by mentioning to the patients that the corridor lights would go out at 9 o'clock and that this was the signal for all visitors to go promptly.

We had 36 patients, including those having special nurses and, considering

the routine care given at our hospital, it kept the three of us fairly busy. Special nurses, of whom there were from 3 to 6 for the patients most ill, were a boon to us. Everyone comes in contact, sometime or other, with the wilful, the deliberate prevaricator, the fussy patient. For patients are people. All nurses have had the experience of leaving a room only to have the bell peal behind her, to re-enter the room and perform some trivial detail, and of not being able to reach the desk before the bell rang again. I used to think of Poe's line: "*The bells, bells, bells, bells, bells, bells, bells.*" After one such momentary rebellion inside, I talked with our superintendent. She had the perfect answer — "But it is unfailing patience that makes a nurse, isn't it?" I decided that one nurse in ten is born — the other nine are people who learn to be nurses.

Routine care consisted of offering the bed-pan, bathing the face and hands, brushing the teeth, rubbing the back with alcohol and powder, giving a hot or cold drink, straightening the bed and brushing out crumbs, tidying the room, and giving an extra blanket, opening the window. This was routine but it varied according to the patient's wishes. There still are people who dislike having their backs rubbed, and many male patients think it ridiculous to wash at nine at night! Most of the women had make-up on, perhaps that is why more of them washed!

We were taught to use every available method to induce sleep without resorting to a drug. We were pleasantly surprised to find how many times a change of position, a back-rub, a hot drink, or a soda tablet hinted at as a potent sedative, would induce slumber.

Sometimes what the patient needed was not anything material, as in the case of Mr. B., who awoke with nightmare because he had two boys on their way to England. All he needed or, I should say, all we could give him was a few minutes reassuring conversation. But he told us he always slept afterward, "seeing how silly a dream is after all". He had all our sympathy. A patient said one night that nurses "have the ability of doing menial tasks with a faint reserve that far removes them from any familiarity", and we thought that a very nice compliment. The orderlies we found prompt and obliging, qualities perhaps more appreciated in the wee small hours.

We enjoyed our time off, which included a half-night a week, when we were relieved by a graduate. I must explain that we also had two hours off each night. From 12 to 2, 2 to 4, or 3 to 5, we found to be the best hours, as it left two nurses on the floor the most of the night. We had an excellent supervisor, who stood not on the cold formality that is slightly frightening (or discouraging) when one needs advice, but was always to be found, gave us our supplies of drugs regularly so that we could give them promptly, and was always cheerful and ready to help us in any dilemma. We came to a keen appreciation of the fact that the management saw that we had extra hands when we needed them, and loaned them when we did not. This, we conceded to be the mainspring of efficiency — co-operation. The endless co-operation between the nurses who work through the day, and the nurses who see the patients through the long vigil of the night is essential to a hospital.



# The Professional Nurse

C. HOPKINS

*Student Nurse*

*School of Nursing, Saskatoon City Hospital*

"Professional nursing is the blending of intellectual attainments, attitudes and mental skills based on the principles of scientific medicine and acquired by means of the required training in a school of nursing affiliated with an approved hospital, in conjunction with curative and preventative medicine." A professional nurse is one who has met all the legal requirements and practices or holds a position by virtue of her professional knowledge and legal status. The ruling spirit should be the desire to render a specialized service rather than to make money.

A professional nurse should be able to adjust herself intelligently in relation to the patient and his family. She should do all that she is reasonably able to do to aid in the patient's mental, physical and spiritual comfort. She must treat them as she would treat her own friends—as persons. She must watch carefully that her own attitudes and actions are above reproach. She must be prepared to appreciate, understand and adjust herself to all the different types of persons differing in such things as race, religion and personality.

With the medical profession, she must show technical skill and good judgment. She must be loyal and considerate and willing to follow direction. She must be conscientious in carrying out all orders for the proper care of the patient. She should become familiar with the different ways in which the doctors work in order to maintain smooth relationships. She must always be considerate and co-operative with other personnel with whom she daily comes in contact such as dietitians, social service workers and others. She

must be loyal and co-operative with her colleagues and superiors.

The professional nurse also should play an important part in the community. She is responsible for carrying out efficiently what the public expect of the nursing profession which is "prevention of illness and disease, the promotion of health and restoration from sickness." Poise is an essential quality of the professional nurse. She should study herself in order to know what traits of personality and appearance she should possess and strive to acquire others which she lacks. She must overcome any that may mar what otherwise would be considered a well-balanced personality. Good physical and mental health is important. Health and cleanliness are the keynotes to personal appearance, and the professional nurse must always be at her best. She should present a wholesome, attractive, well-kept appearance — the back-bone of which is good posture.

Conversational ability is a necessary attribute. She must know when to talk as well as what to say and, better still, what not to say. She should share the conversation with others, not monopolize it. She should develop the art of being sensitive to people's moods and act accordingly in all situations. This rare gift is spoken of as tact. Her manners should be gracious at all times, and her ideals and practices must be above reproach in more than an ethical sense. Ethics in nursing has to do with ideals, customs and habits which members of the profession are accumulating by degrees.

Living conditions are most important to the professional nurse. Her residence

should be homelike, attractive and suited to her needs. Leisure activities should have no connection with her work, and she is a wise person if she chooses members out of her profession as associates. A change is as good as a rest is more than true in this respect. A professional nurse must live a well balanced life if she expects to do the best of which she is capable—and outside interests and activities provide this balance.

*Just stand aside and watch yourself  
go by*

*Think of yourself as "Her" instead of  
"I"*

*Pick flaws, find fault, forget the nurse  
is you*

*And strive to make the estimate ring  
true.*

*The faults of others then will dwarf  
and shrink*

*Love's chain grows stronger by one  
mighty link*

*When you with "Her" as substitute  
for "I"*

*Have stood aside and watched your-  
self go by.*

### Esther Augusta Rothery

Following an illness of some months Esther Augusta Rothery died on September 4, 1942, at her home in Weston, Ontario. While in failing health for sometime and with certain knowledge that her days were numbered, Miss Rothery carried on to the limit of her physical powers, and had completed arrangements for the graduating ex-

ercises in May before she relinquished her duties as superintendent of nurses at the Ontario Hospital, New Toronto.

Miss Rothery was born in Niagara Falls where her father, the late Jesse Colquhoun Rothery, a Scottish engineer, was engaged at that time in the development of electric tram lines. Later her parents moved to West Virginia but her secondary school education was finally completed at Harbord Collegiate Institute, Toronto. In 1916, Miss Rothery entered the Massachusetts General Hospital at Boston for training. Following her graduation she held a staff position in the hospital until she became superintendent of the Aurora Hospital, Illinois, where she remained for five years. On her return to Canada she entered the University of Toronto School of Nursing for graduate study and then followed a year in special training at the Ontario Hospital, Whitby. Following this preparation for administrative work in the mental field Miss Rothery entered the Ontario Government Service, where she served as superintendent of nurses at the Rockwood Hospital, Kingston. As supervisor of nursing for the Ontario Hospitals she organized the nursing service in the new mental hospital at St. Thomas. When this hospital was taken over by the Dominion Government as an Air Training Centre she returned to training school work in connection with the Ontario Hospital at New Toronto.



ESTHER AUGUSTA ROTHERY



During the period of administration as supervisor of nursing for mental hospitals Miss Rothery accomplished outstanding work in establishing a closer relationship between general and mental training schools. Affiliations were lengthened and improved in content and teaching. A course for male nurses in the Ontario Hospitals was established and personal attention was given to the arrangement of the curriculum and selection of candidates.

Those who were associated with Miss Ro-

they can testify to the value of her contribution to nursing during her too brief life, to the keenness of her mind, and her sound preparation for teaching and administration. As a discriminating reader and a fine musician Miss Rothery brought something intangible to her students and they will not soon forget her uncompromising attitude to anything which would bring discredit to the profession. To her graduate staff and students she was at all times their guide, councillor, and friend.

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## On Duty in South Africa

A letter recently received by Saskatchewan friends of Martha Loken (Saskatoon City Hospital) reveals interesting sidelights on life in South Africa:

The scenery here is really marvellous with tall majestic oaks and pines. From my window I can see Table Mountain and I spent my day off on the beach glorying in the surf-bathing, wind and sun. The military nurses here have khaki uniforms and stripes on their shoulders in place of our pips. They wear white on duty with brown shoes, stockings and hats. We are the first Canadian nurses to be stationed near Capetown

and everyone is extremely kind, and we have more invitations than we can find time for.

The actual ward work is done by women who belong to St. John Ambulance or are V.A.D.'s. The patients have all the common complaints, including dysentery and quite a bit of malaria. We are too far from the war zones to get real casualties. In the operating room sterile supplies are kept in drums, each with one kind of article in it—gloves, gowns, towels, sheets, etc. The skin towels and laparotomy sheets are bright green, a sort of silky repp material. The anaesthetic tables are very completely equipped.

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## Fifty Years Ago

It is almost a complete half-century since that October day in 1892 when, amid congratulations and good wishes, I became the proud possessor of the diploma and medal of the Mack Training School of the St. Catharines General Hospital. Looking back to my period of training I know that, in comparison to the conditions of modern hospital life, we must have had many inconveniences and handicaps, but I think we generally took them for granted and regarded it as simply our duty to use our ingenuity to overcome them and to take just as good care of our patients as if no handicaps existed.

The necessity for this was more likely

to be met in a private home than in the hospital and, in our day, pupil nurses were obliged, after the first six months, to go out and nurse cases in private homes. Not necessarily in the city either, but wherever the superintendent deemed it advisable to send us. Calls came from the surrounding district—from Toronto, Peterborough, Lindsay, and as far away as Montreal. These outside cases were regarded as a continuation of our training, and, believe me, they certainly were. The training previously given us had been with a view to fitting us for private work as well as hospital nursing and it is a satisfaction to recall how successful, almost without exception,

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our pupil nurses were. But, I am bound to confess that the pupil nurses themselves sometimes suffered especially from long hours, overwork and lack of sufficient sleep. A second nurse, even in very critical cases, was so rare that, in my time, few of us ever experienced that joy.

As our School had been graduating nurses for years before my time, we did not then think of ourselves as pioneers, but looking back now, I realize that to a certain extent we were. Some of the homes we entered had never previously known a hospital nurse. It was not unusual to find ourselves regarded as curiosities, not to say freaks. That we turned out to be young women of average appearance possessed of average human qualities was a beautiful surprise to the patient's anxious relatives.

Regarding our hospital duty, the hours were long and the work was hard. We led a pretty strenuous life, but the only real hardship that I recollect was my three months period of night duty. One nurse, on duty all alone from seven at night until seven in the morning, in charge of all the wards upstairs and down, with perhaps

thirty patients—typhoid, pneumonia, fractures—anything and everything except contagious diseases. All this with the distinct understanding that no patient must be neglected, no bell go unanswered. "Sewing duty" was another *must* of our time, and quite unpopular it was. None of us did enough of it to become skilled makers of hospital gowns, but we all laboured at it more or less faithfully. One girl, I recollect, considered it a very poor reward for her struggles when she was told that her buttonholes looked "just like pig's eyes." Fifty years ago, social affairs were few and far between for the pupil nurses—no movies, no joy-rides, except an occasional one with a young man in a covered buggy, but that was a hilarious relaxation, and I can vouch for the fact that it was very decidedly frowned upon. But a group of lively, congenial girls did not need to depend on outsiders to supply amusement. They found plenty of ways all their own.

ANN E. HUTCHISON

*Class of 1892*

*Mack Training School*



## McGill School for Graduate Nurses

Owing to circumstances arising out of the war, there is an urgent need of qualified teachers and supervisors in hospitals. The care of patients, and the teaching of students in the clinical fields must be safeguarded. To meet this emergency, the School for Graduate Nurses is offering a four-months course in the second term of the Session 1942-43, to prepare nurses to assume executive, teaching and supervisory responsibilities in the various hospital services. Nurses who apply for this course should have had not less than a year of graduate experience, and, if possible, at least six months in the particular nursing service in which they severally wish to specialize.

The course will be designed to provide a concentrated period of two months of lectures, followed by two months of experience in the particular clinical field which the respective students have selected for specialization. In addition to opportunities for becoming acquainted with the nursing service and the newer therapeutic measures relating to the care of patients, practice will be provided in teaching, supervision and ward management. The teaching hospitals affiliated with McGill University will be used for this purpose.

The cost of the course, including tuition and maintenance, will be approximately from \$350 to \$400, not including travelling expenses.

Nurses who wish to complete the course leading to a certificate in Teaching and Supervision by returning for another four-months period, within a reasonable time, must meet the requirements for entrance to McGill University.

The course will begin on Wednesday, January 6, 1943. Registration must be complete not later than December 15, 1942. The necessary application forms may be secured from the Secretary, School for Graduate

Nurses, 3466 University Street, Montreal, Quebec. Telephone Number: Ma. 9181 — Local 86.

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### WANTED

Applications are invited for a full-time **Instructress** January 1, 1943, at the Brandon Hospital for Mental Diseases. Apply to:

**Brandon Hospital for Mental Diseases, Box 420, Brandon, Man.**

### WANTED

Applications are invited for the position of **Class Room Instructress** for a 100-bed Hospital. Apply, giving qualifications, experience, and salary expected, to:

**The Superintendent, General Hospital, Dauphin, Manitoba.**

### WANTED

Applications are invited for the position of **Nursery Supervisor** in the Salvation Army Grace Hospital, Ottawa, Ontario. This is a women's hospital with 66 adult beds and 50 bassinets. Apply to:

**Major Hannah J. Janes, R.N., Superintendent, Grace Hospital, Ottawa, Ont.**

## Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Announcement is made of the appointment of *Miss E. A. Electa MacLennan* to the staff of the National Office of the Victorian Order of Nurses for Canada. Miss MacLennan brings to her new position a background of unusual preparation and experience. A graduate of the Royal Victoria Hospital and of the course in teaching at the McGill School for Graduate Nurses, she has a Bachelor of Arts Degree from Dalhousie University and more recently has obtained a Master of Arts Degree in nursing education from Teachers College, Columbia University. Miss MacLennan has had two years' teaching experience in the Vancouver General Hospital and has served in the capacity of staff nurse and

supervisor on the Montreal Branch.

*Miss Margaret Trueman, B. A.*, a graduate of the Montreal General Hospital and of the course in public health nursing, McGill School for Graduate Nurses, has been appointed to the Montreal staff.

*Miss Eleanor Fraser, B.A.*, a graduate of the Royal Victoria Hospital, having recently completed the course in public health nursing at McGill School for Graduate Nurses, has been reappointed to the Montreal staff.

*Miss Jeanne M. Sterne*, a graduate of the General Hospital, Brantford, and of the course in public health nursing, School of Nursing, University of Toronto, has been appointed to the Toronto staff.

*Miss Phyllis Morrison*, a graduate of the Toronto Western Hospital, has been appointed temporarily to the Toronto staff.

*Miss Floris Zulauf*, a graduate of St.



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Michael's Hospital, Toronto, has been appointed temporarily to the York Township staff.

*Miss Helene Décary*, a graduate of the Sacred Heart Hospital, Cartierville, Montreal, and of the course in public health nursing, University of Montreal, has been appointed to the Lachine staff.

*Miss Lucille Bonin* has resigned from the Toronto staff to accept a position with the St. Elizabeth Visiting Nurses Association.

*Miss Lyle Ferguson* and *Miss Betty Thom* have resigned from the Toronto staff to be married.

*Miss Betty Burwash* has resigned from the Toronto staff to accept a position with the Provincial Department of Health in Cornwall.

*Miss Margaret Mansell* has resigned from the Toronto staff to serve with the R.C.A. M.C. Nursing Service.

*Miss Yvette Notebaert* has resigned from the staff in Kirkland Lake.

*Miss M. Kaufman*, who has been temporarily

employed on the Montreal staff, and *Miss Helen Furlong* on the East York staff, have resigned to take the course in public health nursing at McGill School for Graduate Nurses.

*Mrs. G. M. Cleaver* and *Miss E. Roe* have resigned from the Montreal staff, the latter to take up other work.

*Miss Hilda Willis* and *Miss Lillian Fryers*, who have been temporarily employed on the Winnipeg staff, have resigned to take the course in public health nursing at McGill School for Graduate Nurses.

*Miss Helen Kay*, who has been temporarily employed on the Ottawa staff, has resigned to take the course in public health nursing at the School of Nursing, University of Toronto.

*Miss Hazel Ingram* has resigned from the Winnipeg staff to serve with the R.C.A. M.C. Nursing Service.

*Miss Julia Flynn* has resigned from the Halifax staff to be married.

*Miss Catherine Murray* has been trans-

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ferred from the East York staff to take charge of the Huntsville Branch.

*Miss Jean Weir* has been transferred from the Montreal staff to the Oshawa staff.

*Miss Dorothy Paulin* has been transferred from the Westbank Branch to take charge of the newly opened branch in Trail, B.C.

*Miss Margaret Anderson* has been transferred from the Campbellton Branch to be nurse-in-charge of the Amherst Branch.

*Miss Christine McArthur* has been transferred from the Huntsville Branch to be nurse-in-charge of the Sudbury Branch.

### M.L.I.C. Nursing Service

*Miss Marie E. Cantin* (St. Vincent de Paul Hospital, Sherbrooke, 1926, and public health nursing course, University of Montreal, 1929) head nurse on the Mount Royal staff, Montreal, was recently granted a four-months leave of absence to take a post-graduate course in public health administration and supervision at the McGill School for Graduate Nurses. Miss Cantin was granted a bursary by the Canadian Nurses Association to assist in this course.

*Miss Annette Limoges* (St. Jean Hospital, P. Q., 1927, and public health nursing course, University of Montreal, 1940), nurse in Jonquiere, P. Q., recently resigned from the Company's service to be married.

*Miss Alma Morache* (Notre Dame Hospital, Montreal, 1930, and public health nursing course, McGill School for Graduate Nurses, 1938) was recently transferred to take charge of the Company's Service in Niagara Falls. Miss Morache was formerly on the Montreal staff.

*Miss Gilberte Violette* (Hopital du St. Sacrement, Quebec, 1937) was recently granted leave of absence from the Montreal staff to take an eight-months course in public health nursing at the School of Nursing, University of Montreal. Miss Violette will be given a scholarship by the M.L.I.C. to assist in her course.

*Miss Lillian Wark* (Toronto General Hospital, 1930, and public health nursing course, University of Toronto, 1933) recently resigned as Metropolitan nurse in Sudbury.



## Ontario Public Health Service

*Miss Isobel Deeth* (Hamilton General Hospital and University of Toronto public health nursing course) has resigned from the nursing staff of the Hamilton Department of Health to accept a position with the Visiting Nursing Association of Hes-peler..

*Miss Elsie Franks* (Toronto General Hospital and University of Toronto public health nursing course) has joined the public health nursing staff at Timmins. She was formerly with the Kirkland Lake Board of Health.

*Miss Lillian Lawder* (Hospital for Sick Children and University of Toronto public health nursing course) has accepted the position of public health nurse at Fort Frances.

*Miss Helen M. Elliott* (Hamilton General Hospital and University of Toronto public health nursing course) has accepted the post of public health nurse with the Board of Health at Cochrane.

*Mrs. Louise Harding* (Montreal General Hospital and University of Toronto public health nursing course) is carrying on the school health service at Long Branch during *Miss Agnes Alexander's* leave of absence. *Miss Alexander* is enrolled in the public health nursing course at the School of Nursing, University of Toronto.

*Mrs. Phyllis Reynolds*, née Kitchen (diploma course in nursing and public health, University of Toronto School of Nursing) has joined the staff of the Woodstock Board of Health.

*Mrs. Beverly Howard*, née Rogers (diploma course in nursing and public health, University of Toronto School of Nursing) has been appointed to the staff of the Board of Education Health Service in Peterborough, where *Miss Jessie Deyell* is on leave of absence for service with the R.C.A.M.C.

*Mrs. Mildred Gehman* (Brantford General Hospital and University of Toronto public health nursing course) has been appointed to the staff of the Oshawa Board of Health.

*Mrs. Dorothy Shapter*, née Armstrong (Hamilton General Hospital and University of Western Ontario public health nursing course) has joined the school health service in Chatham.

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## REFRESHER COURSE IN INDUSTRIAL NURSING

The School of Nursing, University of Toronto, announces a refresher course in Industrial Nursing for Registered Nurses to be held from November 23 to 27. The general content will include lectures on industrial hygiene emphasizing medical service in industry; contribution of the nurse to the industrial health programme; health service relationships within industry; mental health and morale; control of wound infection; public health nursing: (a) general principles (b) industrial nursing: objectives, scope, and methods. The teaching in Industrial Nursing will be given by Miss Olive Whitlock, Public Health Nursing Consultant, Division Industrial Hygiene, United States Public Health Service. Round tables will be conducted on the industrial nurse in the community health programme; and industrial nursing, comprising opportunities, problems, and techniques. Observation visits, demonstrations, and a question box will also be part of the programme.

All Registered Nurses interested in Industrial Nursing are eligible for enrolment. Registration fee: \$8.00.

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*Miss Lorraine Larsen* (St. Michael's Hospital, Toronto, and University of Toronto public health nursing course) of the Owen Sound Board of Health, has been released for army service.

*Miss Phyllis Bronson* (diploma course in nursing and public health, University of Toronto School of Nursing) has been appointed to the staff of the East York Township Board of Health.

*Miss Hilda Pennock* of the supervisory staff, Ontario Department of Health, is attending the administration and supervision in public health nursing course, at the McGill School for Graduate Nurses.

## NEWS NOTES

### MANITOBA

#### WINNIPEG:

#### *Winnipeg General Hospital:*

Winnipeg General Hospital graduates, who have been granted leave of absence from their positions to attend the McGill School for Graduate Nurses under the Bursary Fund granted to the C.N.A., include Misses Helena Reimer (1937), Gertrude Callin (1941), Beryl Seeman (1935), Eileen Willis (1941), Lillian Fryer (1940), and Florence Stratton (1932). Misses Ruth Crichton (1942) and Beth Rice-Jones (1942) will attend the University of Toronto School of Nursing.

Miss Charolette Counsell (1927) has accepted a position as laboratory technician at Shilo Military Hospital.

The following marriages have recently taken place: Ethel Wilson (1929) to Edgar English; Irene Yellowlees (1940) to Gordon Inglis.

### NOVA SCOTIA

#### NEW GLASGOW:

#### *Aberdeen Hospital:*

The following marriages have recently taken place: Edith Woodworth (A. H., 1936) to George MacDonald; Anne Bartlett (A. H., 1938) to Pte. George Bain Langley; Muriel Lent (St. Martha's Hospital, Antigonish) to Lieut. Douglas MacDonald.





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*Editor's Note:* District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, 135 St. Clair Ave. W., Toronto.

#### ONTARIO DISTRICT 4

##### HAMILTON:

##### *Hamilton General Hospital:*

Miss Marjorie Hawes is nursing in a Red Cross outpost in Northern Ontario. Miss Rhea Zinkhann is in Winnipeg training to be a stewardess with Trans-Canada Air Lines. Miss Muriel Suckling is with the B. Greening Wire Co. Miss Mary Watson has joined the nursing staff of the Hamilton Military Hospital. Miss Elizabeth MacDonald is with Dominion Foundries.

The following marriages have recently taken place: Helen Grace McCulloch to Murray Thomas; Lorraine Gamble to Allan Anger; Arystene Simons to Cpl. Earl Weiss.

#### DISTRICT 5

Have you made yourself available for any emergency in nursing? Do you need the names of nurses in your area who have registered for such an emergency? If you live in District 5 contact the secretary of the District.

The following outline gives the work carried on by Miss Jean Mitchell for District 5: At the request of the Committee for Civilian Defence, District 5 made a real attempt to register all graduate nurses active and inactive in the District. It was decided that this would require the full-time services of one person for a month. A convener was

appointed who was given leave of absence from her own work to undertake this important task. With the co-operation of the press, the C.B.C., the clergy, and hospital staffs, as well as many individuals, a very successful registration was made of approximately 3500 names.

It was our chief aim to make as many contacts as possible so that everyone would know of this registration. Personal visits were made to the newspaper offices and their co-operation was excellent. Permission was granted from officials of the various communities to contact their ministers in order that an announcement might be made from the pulpits. Letters were sent to the ministers throughout the district and they complied with our request. Letters were sent to the hospitals for lists of their staffs. Chapters and alumnae were asked to reach as many of their membership as possible. A number of individual nurses co-operated by contacting their friends and sending in their names. By the response to our efforts it was gratifying to know that nurses are ready and willing to give their services in this time of national emergency. Many registrations were received from nurses outside of our district, some coming from New York, Chicago, and Alaska, as well as from other districts in Ontario.

As a follow-up of this registration letters were sent to all registrants outside of the Toronto area pointing out to them how they can be of service in their own community. In Toronto the names were given to the Committee of Civilian Defence, and letters were sent to all those who were not already registered with the C.D.C.

We feel our efforts were well worthwhile, and it is indeed comforting to know that a file of graduate nurses is now ready in case of an emergency in any community of our District.

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**Director of Nursing  
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## **DISTRICT 7**

### **KINGSTON:**

A Central Registry for nurses has been formed in Kingston with Miss Emma MacLean as registrar. To date there are 82 registered nurses, six doctors, and six practical nurses on its rolls. Miss Madalene Baker recently visited Kingston, and addressed the Board of Directors of the Kingston Central Registry on the advantages of training practical workers. She was greatly pleased with the success of the newly-formed registry.

### *Kingston General Hospital:*

Nursing Sister Lenora Loyst, R.C.A.F. has left for England to take a course in plastic surgery. She is one of the first Canadian Air Force Sisters to leave this country. Nursing Sisters Ann Davis, Fern Baker, Elizabeth De St. Remy, Alice Robertson and Elizabeth Betts have reported for duty in South Africa. The following K.G.H. nurses have enlisted recently with the R.C.A.M.C.: G. Brown, D. Hallt, A. Hewitt, R. Bolster, J. Wallace, P. Atcheson, M. Laturney.

### *Ontario Hospital:*

Miss Marion S. Crawford, superintendent of nurses, has recently enlisted with the R.C.A.M.C. Miss Crawford was also chairman of the Kingston Chapter, District 7, R.N.A.O. Since her enlistment a re-election of officers was held with the results as follows: chairman, Miss E. G. Smith; vice-chairman, Miss A. Ardell; secretary-treasurer, Miss Pearl Gavan. Miss Pearl Gavan is now acting superintendent of nurses at the Ontario Hospital.

The sum of \$142 was collected by the nursing staff at the O. H. in aid of the British Nurses Relief Fund.

### *Hotel Dieu Hospital:*

Nursing Sister Margaret Merkle has reported for duty in South Africa. Miss E. Allen and Miss F. O'Connor have enlisted with the R.C.A.M.C. Miss M. B. Sullivan has enlisted with the R.C.A.F.

## **DISTRICT 10**

### **PORT ARTHUR:**

A regular monthly meeting of District 10 was held recently in the General Hospital when Miss Georgina Hayes was the guest speaker. Miss Hayes, a member of the staff of the General Hospital, told of her work in the American Hospital in Paris prior to the war, of the great amount of work done by the few doctors and nurses available, and of how they were constantly on the move following casualties. After the German occupation of Paris, she was taken prisoner. The story of her escape and of the suc-



ceeding months when she was trying to get out of Europe was extremely interesting.

The annual meeting will be held December 7, at the McKellar General Hospital, Fort William.

The following are attending the School of Nursing, University of Toronto: Miss Dorothy Chedister, of Port Arthur General Hospital, Miss Louise Beeman, of McKellar Hospital, and Miss Mary Proskurniak, of the Fort William Sanatorium staff.

The following marriages have recently taken place: Ruth Johnson (St. Joseph's Hospital, Port Arthur) to Vernon Dicks; Miss Nora Gillespie (Hospital for Sick Children) to Bruce Russell.

## QUEBEC

### MONTREAL:

#### *Montreal General Hospital:*

The "Spitfire" group recently held a rummage sale and netted the sum of \$110, to add to their fund. The group, under the leadership of Miss Gertrude Calder, recently held a sale of fancy articles and home-made cooking and cleared about \$850, which will go to the British Nurses Relief Fund.

Miss Miriam Smeltzer (1942) has accepted a position at the Alexandra Hospital. Miss Hilda McLeod, Miss Margaret Todd, Miss Olive Stewart, Miss Knowlton, Miss Isabel Johnston, all 1942 graduates, are doing floor duty at the Western Division. Miss Luella Wilbur (1942) has accepted a position at the Royal Victoria Montreal Maternity Hospital. Miss Margaret Harrison (1942) and Miss Gibson (1942) are engaged in floor duty at the central Division. Miss E. G. Perkins (1942) has been taken on the staff of the Central Division as one of the night supervisors replacing Miss Simms who has resigned.

Miss Marjory Tupper (1941) has resigned from the staff of the Central Division and has been accepted as a Nursing Sister with the R.C.A.F. Prior to her leaving, Miss Holt and staff entertained in her honour and presented her with a suitable gift. Miss Marguerite O. Cérat (1934) is now a 2nd Lieutenant with the American Naval Command, 33rd General Hospital, Fort Eustis, Virginia. Miss Edith Simms, Miss Anna Christie, and Miss Katherine Kindle (1940) are taking the course in teaching and supervision at the McGill School for Graduate Nurses. Miss Simms and Miss Christie have been awarded scholarships from the M.G.H., and Miss Kindle from the Alexandra Hospital.

Married: Recently, Miss Muriel V. Haliday (1939) to Mr. Marven C. Chase.



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### Royal Victoria Hospital:

Miss Madeleine Flander, of the Children's Memorial Hospital, was the guest speaker at the October meeting of the Alumnae Association, when she gave an interesting talk on the Kenny treatment for poliomyelitis.

Miss Nan Lockhart (1923) and Miss Kathleen King (1924) are on duty with the New York-Cornell Unit. Miss Olive Rand (1921) has joined the Bellevue Hospital Unit.

The following marriages have recently taken place: Elsie Lester (1923) to W. G. Hamilton; Pauline Hall (Pauline McBeath, 1935) to Eric McClafferty; Miriam MacLeod (1942) to R. D. Adams; Olive Bartlett (1941) to Dr. Thomas Mathews.

### McGill School for Graduate Nurses:

This year, 52 full-time students have registered at the School, in addition to a number who are taking partial courses. This is the largest class on record in the history of the School — we wish them much success in their studies.

Mrs. George F. Harvey (T. & S.; 1942) has resigned from the staff of St. Mary's Hospital, Montreal, and has accepted an appointment as instructor at the Jewish General Hospital, Montreal. Gweneth Woodburn (P.H.N., 1942) has been appointed as nurse to the staff of the Bank of Canada, Ottawa. Christine Anderson (P.H.N., 1942) has joined the Nursing Service of the R.C.-A.M.C. and is stationed at Edmonton. Phyllis M. Bridgette (P.H.N., 1940) has resigned from the staff of the Child Welfare Association, Montreal, and has accepted an appointment as industrial nurse with the Canada Carbide Company, Montreal. Edna M. Hattie (P.H.N., 1940) has resigned from the staff of the Royal Victoria Montreal Maternity Hospital (outpatient clinic) and has joined the Nursing Service of the R.C.-A.M.C. stationed at Halifax.

The following marriages have recently taken place: Nellie Goodman (Teaching, 1935) to Keith T. McLeod; Nora McCoy (P.H.N., 1940) to Mr. Sauter.

### SASKATCHEWAN

#### SASKATOON:

Miss Ruth Farnsworth (Calgary General Hospital, 1940) is taking the post-graduate course in teaching and supervision at the McGill School for Graduate Nurses. Miss Elda Graham (S.C.H., 1939) and Miss Edna Larmour (S.C.H., 1939) are taking supervision courses at the Neurological Institute in Montreal.



# Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven Connecticut, U.S.A.

## THE CANADIAN NURSES ASSOCIATION

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**Honourary Treasurer** ..... Miss Marjorie Jenkins, Children's Hospital, Halifax, N.S.

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*Numbers indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

**Alberta:** (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Jean S. Clark, City Hall, Calgary; (4) Miss Gertrude M. B. Thorne, 332-21st Ave. W., Calgary.

**British Columbia:** (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

**Manitoba:** (1) Mrs. A. C. McPetridge, 418 Campbell St., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss E. Rowlett, 759 Broadway, Winnipeg; (4) Miss E. Campbell, 778 Ingersoll St., Winnipeg.

**New Brunswick:** (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss Muriel Hunter, Dept. of Health, Fredericton; (4) Miss Mary Harding, 62 Sydney St., Saint John.

**Nova Scotia:** (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

**Ontario:** (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise

D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

**Prince Edward Island:** (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown; (3) Miss Mary Leslie, Montague; (4) Miss Eileen McGough, 152½ St. George St., Charlottetown.

**Quebec:** (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; (3) Miss Kathleen Dickson, Royal Edward Institute, Montreal; (4) Miss Anne-Marie Robert, 5484A St. Denis St., Montreal.

**Saskatchewan:** (1) Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; (2) Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

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**Executive Secretary:** Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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#### Public Health Section

**CHAIRMAN:** Miss L. Creelman, 2570 Spruce St., Vancouver, B. C. Vice-Chairman: Miss A. Martineau, Dept. of Health, Montreal, P. Q. Secretary-Treasurer: Mrs. G. Langton, University of British Columbia, Vancouver, B. C. **COUNCILLORS:** Alberta: Miss Jean S. Clark, City Hall, Calgary. British Columbia: Miss F. Innes, 1922 Adanac St., Vancouver. Manitoba: Miss E. Rowlett, 759 Broadway, Winnipeg. New Brunswick: Miss M. Hunter, Dept. of Health, Fredericton. Nova Scotia: Miss Jean Forbes, 314 Roy Bldg., Halifax. Ontario: Miss W. Ashplant, 807 Waterloo St., London. Prince Edward Island: Miss Mary Leslie, Montague. Quebec: Miss K. Dickson, Royal Edward Institute, Montreal. Saskatchewan: Miss G. McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

Pres., Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Ida E. Johnson, Royal Alexandra Hospital, Edmonton; Sec. Vice-Pres., Sister Beatrice, St. Michael's Hospital, Lethbridge; Sec.-Treas. & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillor*, Miss B. A. Beattie, Provincial Mental Hospital, Ponoka; *Chairmen of Sections: Hospital & School of Nursing*, Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; *Public Health*, Miss Jean S. Clark, City Hall, Calgary; *General Nursing*, Miss Gertrude Thorne, 332-21st Ave. W., Calgary; *Rep. to The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Moira Foster; Vice-Chairman, Miss Estelle Harle; Secretary-Treasurer, Miss Nessa Leckie, Provincial Mental Hospital; *Convener, British Nurses Relief Fund*, Miss Karen Westerlund; *Representative to The Canadian Nurse*, Miss Olive Websdale.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections: Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec.-Treas., Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crookford; *Representatives to: Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

### Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V. Leadlay; *Committee Conveners: Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps. to: Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

### Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostuik; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

Pres., Miss M. Duffield, 1675-10th Ave. W., Vancouver; First Vice-Pres., Miss M. E. Kerr; Sec. Vice-Pres., Miss G. M. Fairley; Sec., Miss P. Capelle, Rm. 1012, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 1012, Vancouver Block, Vancouver; *Councillors*:

Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections: Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1923 Adanac St. Vancouver; *General Nursing*, Mrs. E. B. Thomson, 1095 W. 14th Ave., Vancouver; *Press*, Miss M. E. Macdonell, 2570 Spruce St., Vancouver.

### Vancouver Island District

#### Victoria Chapter, Registered Nurses Association of British Columbia

Pres., Mrs. J. H. Russell; First Vice-Pres., Sr. M. Claire; Sec. Vice-Pres., Miss H. Latornell; Rec. Sec., Miss G. Wahl; Corr. Sec., Miss H. Unsworth, Royal Jubilee Hospital; Treas., Miss N. Knipe; *Conveners: General Nursing*, Miss K. Powell; *Hospital & School of Nursing*, Sr. M. Gregory; *Public Health*, Miss H. Kilpatrick; *Directory*, Mrs. G. Bothwell; *Finance*, Miss M. Dickson; *Membership*, Sr. M. Gabrielle; *Program*, Miss D. Calquhoun; *Publications*, Miss M. Laturnus; *Nominating*, Miss L. Fraser; *Corr. Delegate of Placement Bureau*, Mrs. Bothwell; *Registrar*, Miss E. Franks.

### West Kootenay District

#### Kamloops Chapter, Registered Nurses Association of British Columbia

Pres., Mrs. Markley; Vice-Pres., Miss O. Garrod; Sec., Miss E. Davis, Royal Inland Hospital; Treas., Miss F. Aberdeen; *Committee Conveners: Program*, Mrs. R. Howard; *Social*, Mrs. S. Dalglish; *Ways & Means*, Miss M. Williams; *Membership*, Miss Naylor; *Representatives to The Canadian Nurse*, Misses J. Norquay, Turnbull.

#### Nelson Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Miss V. B. Eidt; Pres., Miss Turnbull; First Vice-Pres., Miss B. Laing; Sec. Vice-Pres., Miss B. Hayden; Sec., Miss H. Tompkins, Kootenay Lake Gen. Hospital; Treas., Miss G. Carr; *Committees: General Nursing*, Miss K. Scott; *Hospital & School of Nursing*, Miss V. Eidt; *Public Health*, Miss N. Dunn; *Ways & Means*, Miss E. Sutherland; *Social & Program*, Miss M. Bower; *Visiting*, Miss N. Murphy; *Membership*, Miss J. Boutwell; *Library*, Mrs. A. O'Connor; *Rep. to The Canadian Nurse*, Miss M. Ross.

#### Trail Chapter, Registered Nurses Association of British Columbia

President, Miss Marjory Fletcher; Vice-President, Miss Edythe Crosson; Secretary, Miss Phyllis Slader, Nurses Residence, Trail-Tadanaac Hospital, Trail; Treasurer, Miss Eileen Somerville; *Representative to The Canadian Nurse*, Miss Joyce Greenwood.

#### New Westminster Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Miss C. E. Clark; Pres., Mrs. A. Way; First Vice-Pres., Miss E. Scott Grey; Sec. Vice-Pres., Miss A. MacPhall; Sec., Miss E. Beatt, 243 Keary St.; Treas., Mrs. T. Jones; Assist. Sec. & Treas., Miss B. Smith.

#### Rossland Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Rev. Sr. J. Francis; Pres., Miss F. McLean; Vice-Pres., Rev. Sr. Bernadette; Sec., Miss J. Miller; Treas., Mrs. T. Crellin; *Committee: Membership*, Miss McLean; *Program*, Miss Tompkins, Mmes Davies, Woods;



*Social:* Mmes Lonsbury, Bailey, Miss Hood;  
*Reps. to: The Canadian Nurse, Miss McLean;*  
*Community Chest, Mrs. Eccles; A.R.P., Miss*  
*Hood; Home Nursing Classes, Mrs. Lonsbury.*

## MANITOBA

### Manitoba Association of Registered Nurses

*Pres., Mrs. A. C. McPettridge, 418 Campbell St. Winnipeg; First Vice-Pres., Miss E. McNally, Brandon General Hospital; Sec. Vice-Pres., Miss I. McDiarmid, 363 Langside St., Winnipeg; Board Members:* Miss L. Stewart, 168 Chestnut St. Winnipeg; Miss H. Coram, 172 Chestnut St. Winnipeg; Miss P. Hart, 320 Sherbrooke St. Winnipeg; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; Mrs. F. Wagner, Grace Hospital, Winnipeg; Miss A. O'Brien, Souris & Glenwood Memorial Hospital; Rev. Sister Clermont, St. Boniface Hospital; *Conveners of Sections:* *Hospital & School of Nursing, Miss D. Ditchfield, Children's Hospital, Winnipeg; Public Health, Miss E. Rowlett, 759 Broadway, Winnipeg; General Nursing, Miss E. Campbell, 778 Ingersoll St., Winnipeg; Committee Conveners:* *Instructors Group, Miss A. Carpenter, Children's Hospital, Winnipeg; Social, Mrs. W. S. McElheran, 969 Dominion St., Winnipeg; Legislative, Miss E. Wilson, 668 Bannatyne Ave., Winnipeg; Membership, Miss D. Earle, Victoria Hospital, Winnipeg; F.N.M. Loan Fund, Miss Z. Beattie, St. Boniface Hospital; Directory, Miss Besant, Victoria Hospital, Winnipeg; British Nurses Relief Fund, Mrs. T. Hulme, 20 Waldron Apts. Winnipeg; Visiting, Mrs. W. Hryhorchuk, Grace Hospital, Winnipeg; Representatives to: Council of Social Agencies, Miss F. Robertson, 753 Wolseley Ave., Winnipeg; Red Cross, Miss C. Maddin, 187 Kennedy St., Winnipeg; The Canadian Nurse, Miss L. Stewart, 168 Chestnut St., Winnipeg; Local Council of Women, Mrs. B. Moffatt, 1183 Dorchester Ave., Winnipeg; Executive Secretary and School of Nursing Advisor, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.*

## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

*Pres., Rev. Sister Kerr, Hotel-Dieu Hospital, Campbellton; First Vice-Pres., Miss L. Smith; Sec. Vice-Pres., Miss R. Follis; Hon. Sec., Miss M. McMullen; Conveners of Sections:* *Public Health, Miss M. Hunter; General Nursing, Miss M. Harding; Hospital & School of Nursing, Miss M. Myers; Conveners of Committees:* *Advisory Committee of Schools of Nursing, Miss A. F. Law; Legislation, Miss D. Parsons; The Canadian Nurse, Miss N. Wallace; Reps. to National Committees:* *Health Insurance & Nursing Service, Miss B. L. Gregory; History of Nursing, Miss A. Burns; Eight-Hour Duty, Miss M. McMullen; Exchange of Nurses, Miss M. Myers; Reps. of Chapters & Districts:* *Miss A. J. MacMaster, Moncton; Rev. Sr. Saint Stanislaus, Chatham; Secretary-Registrar, Miss Alma Law, Health Centre, Saint John.*

## NOVA SCOTIA

### Registered Nurses Association of Nova Scotia

*Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Vickers Lane, Sydney Mines; Sec. Vice-Pres., Miss Jane Watkins, 68 Henry St., Halifax; Third Vice-Pres., Miss A. E. Richardson, Blanchard-Fraser Memorial Hospital, Kentville; Rec. Sec., Miss Lillian Grady, Halifax Infirmary, Halifax; Registrar - Treasurer - Corresponding Secretary, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; Rep. to The Canadian Nurse, Mrs. Dorothy Luscombe, 364 Spring Garden Rd., Halifax.*

## ONTARIO

### Registered Nurses Association of Ontario

*Pres., Miss Mildred I. Walker; First Vice-Pres., Miss J. Masten; Sec. Vice-Pres., Miss M. B. Anderson; Sec.-Treas., Miss Matilda E. Fitz-*

*gerald, Rm. 630, 86 Bloor St. W., Toronto; Chairmen of Sections:* *Hospital & School of Nursing, Miss L. D. Acton, Kingston General Hospital; General Nursing, Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa; Public Health, Miss W. Ashplant, 807 Waterloo St., London; Chairmen of Districts:* *Mrs. C. Salmon, Miss M. Bliss, Miss M. Buchanan, Miss K. McNamara, Miss I. Shaw, Miss M. Crawford, Miss M. Stewart, Miss J. Smith, Miss M. Buss.*

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*Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; Councilors:* *Sister Mary Grace, Misses Brewster, Cameron, Wright, Mrs. Day, N/S Boyd; Conveners:* *Hospital & School of Nursing, Sr. Eileen; Public Health, Miss H. Snedden; General Nursing, Miss S. Murray; Emergency Nursing, Mrs. A. Haygarth.*

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*Chairman, Miss K. McNamara; First Vice-Chairman, Miss P. Morrison; Sec.-Treas., Mrs. G. L. Williamson, 24 Drake Cres., Scarboro Bluffs; Councilors:* *Misses I. Weirs, G. Jones, J. Mitchell, E. Grant, R. Russell, A. Reddon; Committee Conveners:* *General Nursing, Miss M. Hughes; Public Health, Miss L. Pettigrew; Hospital & School of Nursing, Miss B. MacPhedran.*

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*Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss E. Covert; Third Vice-Chairman, Miss E. Wright; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; Conveners:* *Hospital & School of Nursing, Miss E. Young; General Nursing, Mrs. E. Brackenridge; Public Health, Miss H. McGeary; Membership, Miss N. Brown; Enrolment, Miss E. Meeks; Finance, Miss F. Fitzgerald.*

### District 7

*Chairman, Miss M. Crawford; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; Councilors:* *Misses E. Freeman, V. Manders, Hanna, E. Moffatt, Gavan, Rev. Sr. Donovan; Conveners:* *Hospital & School of Nursing, Miss L. Acton; General Nursing, Miss E. MacLean; Public Health, Miss D. Storms; Rep. to The Canadian Nurse, Miss B. Coulter.*

### District 8

*Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Miss J. Stock, 390 Chapel St., Ottawa; Councilors:* *Misses L. Allen, L. Brulé, W. Cooke, V. Foran, M. Lowry, H. O'Meara; Conveners:* *Hospital & School of Nursing, Rev. Sr. St. Godfrey; Public Health,*

Miss C. Livingston; *General Nursing*, Miss F. Nevins; *Pembroke Chapter*, Mrs. B. Kipke; *Corwall Chapter*, Miss M. McWhinnie; *Rep. to The Canadian Nurse*, Miss H. Tanner.

#### District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

#### District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss B. Roberts; Sec. Treas., Miss D. Chedister, General Hospital, Port Arthur; *Councillor*, Miss A. Baillie; *Committee Conveners: Hospital & School of Nursing*, Miss M. Flanagan; *Public Health*, Miss E. Newson; *General Nursing*, Miss I. Morrison; *Program Committee*, Misses V. Lovelace, H. MacNaughton.

### PRINCE EDWARD ISLAND

#### Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

### QUEBEC

#### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), R  v. Soeur Val  rie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*, Misses Marion Nash, Mary Ritchie, Mlles Maria Roy, Maria Beaumier,

Annonciade Martineau; *Advisory Board*, Misses Jean Wilson, Marion Lindeburgh, Catherine M. Ferguson, Esther M. Beith, R  v. Soeur Marie de l'Eucharistie (Qu  bec), Mlles Edna Lynch, Juliette Trudel; *Conveners of Sections: General Nursing* (French), Mlle Anne-Marie Robert, 5484 A St. Denis St., Montr  al; *Hospital & School of Nursing* (English), Miss Winnifred MacLean, Royal Victoria Hospital, Montr  al; *Hospital & School of Nursing* (French), R  v. Soeur D  cary, H  pital Notre-Dame, Montr  al; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montr  al; *Public Health* (French), Mlle Marie Euph  mie Cantin, 4642 St. Denis St. Montr  al; *Board of Examiners*, Miss Mary Mathewson (convenor), Misses Norena S. Mackenzie, Madeleine Flander, Mlles Alexina Marchessault, Any  s Deland, R  v. Soeur Marie Claire Rheault; *Executive Secretary*, Registrar & *Official School Visitor*, Miss E. Frances Upton, Ste. 1019, Medical Arts Bldg., Montr  al.

### SASKATCHEWAN

#### Saskatchewan Registered Nurses Association (Incorporated 1917)

Pres., Miss M. R. Diederichs, Regina Grey Nuns' Hospital; First Vice-Pres., Miss M. E. Ingham, Moose Jaw General Hospital; Sec. Vice-Pres., Miss E. R. Pearston, Melfort; *Councillors*, Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Rev. Sister Hildegard, St. Elizabeth's Hospital, Humboldt; *Chairmen of Sections: General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; *Secretary-Treasurer*, Registrar and *Advisor*, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

#### Regina Registered Nurses Association

Hon. Pres. Sister Tougas; Pres., Miss M. McRae; First Vice-Pres., Miss D. Lewis; Sec. Vice-Pres. Mrs. Storey; Sec., Mrs. M. Stocker, 22 Qu'Appelle Apts.; Ass.-Sec., Miss V. Kiesel; Treas. & Registrar, Mrs. H. Regan; *Conveners: Registry*, Miss Grad; *Program*, Misses Sharp, Blackwood; *Membership*, Miss McLaughlin, Mrs. Racette; *Social*, Misses Wilkins, Brown; *General Nursing*, Miss Sissons; *Hospital & School of Nursing*, Miss Thompson; *Public Health*, Miss Riley; *Finance*, Mrs. Deverell; *War Services*, Miss Spellisly; *Sick Nurses*, Misses Turnbull, Martin; *The Canadian Nurse*, Miss Winning.

## Alumnae Associations

### ALBERTA

#### A.A., Calgary General Hospital, Calgary

Hon. Pres., Misses S. Macdonald, A. Hebert; Hon. Members, Misses M. Moodie, J. Murphy, A. Casey; Pres., Mrs. A. Warrington; First Vice-Pres., Mrs. G. McPherson; Sec. Vice-Pres., Mrs. T. Ellis; Rec. Sec., Mrs. J. McIntyre; Corr. Sec., Miss J. Cumming, 238 Crescent Rd.; Treas., Mrs. B. Charles; *Membership*, Mrs. A. Wilson; *Press*, Miss C. Rose.

#### A.A., Holy Cross Hospital, Calgary

President, Mrs. Cyril Holloway; First Vice-President, Mrs. D. Overand; Second Vice-President, Miss L. Aiken; Recording Secretary, Mrs. B. McAdam; Corresponding Secretary, Mrs. J. E. Hood, 211 Anderson Apts.; Treasurer, Mrs. E. Bragg.

#### A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Sr. M. O'Grady, Sr. F. Neuhausel; Pres., Miss E. Bietsch; First Vice-Pres., Mrs. R.

Price; Corr. Sec., Miss J. Slavik, E.G.H.; Rec. Sec., Miss A. Stochinski; Treas., Miss E. Wallsmith; *Private Duty*, Miss M. Hozak; *Visiting Committee*, Misses Nelson, Deschatelets; *Standing Committee*, Misses Kuntz, Beaton, Barden, Ryan, Mrs. Lowing.

#### A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Miss Einarson; First Vice-Pres., Miss I. Johnson; Sec. Vice-Pres., Mrs. R. Boyd; Rec. Sec., Mrs. M. Hall; Corr. Sec., Mrs. W. White, R.A.H.; Treas., Miss F. Toby; *Committee Conveners: Program*, Miss J. White; *Visiting*, Miss T. Holm; *Social*, Miss K. Dunlop; *News Letter*, Miss A. Piercy; *Benefit*, Miss I. Johnson; *Scholarship*, Miss G. Allyn; *Executive*, Miss A. Anderson, Mmes J. F. Thompson, P. Baker.

#### A.A., University of Alberta Hospital, Edmonton

Hon. Pres., Miss Helen S. Peters; Pres., Miss G. Vickers; Vice-Pres., Miss A. Whybrow; Rec. Sec., Miss D. Russell; Corr. Sec. Mrs. N. Alexan



der, 11045-82nd Ave.; Treas. Miss M. Baxter; *Social Convener*, Mrs. F. Beddome; *Rep. to Press*, Mrs. N. Pound; *Executive Committee*: Misses M. Strachan, A. Revell, B. Sloane.

#### A.A., Lamont Public Hospital, Lamont

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#### A.A., Vegreville General Hospital, Vegreville

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### BRITISH COLUMBIA

#### A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Phillippe; Hon. Vice-Pres., Rev. Sr. M. Columbkille; Pres., Miss J. Mitchell; Vice-Pres., Mrs. F. Engby; Sec., Miss B. Falk, 3776-33 Ave. W; Treas., Miss E. Atterbine; Registrar, Miss Stewart; *Committee Conveners*: Social, Miss Walters; Program, Miss M. Bell; *Visiting*, Miss McCauley; *Mutual Benefit*, Miss McGee; *Press*, Miss N. Johnson; *Rep. to The Canadian Nurse*, Miss C. Bryant.

#### A.A., Vancouver General Hospital, Vancouver

Hon. Pres., Miss G. Fairley; Pres., Miss F. Innes; First Vice-Pres., Miss L. Creelman; Sec. Vice-Pres., Mrs. A. Grundy; Rec. Sec., Miss N. Cunningham; Corr. Sec., Miss L. Lore, 1589 E. Broadway; Treas., Mrs. F. L. Faulkner; *Committee Conveners*: *Mutual Benefit*, Miss M. Edwards; *Visiting*, Mrs. M. Appleby; *Social*, Mrs. G. E. Gillies; *Membership*, Miss W. Neen; *Refreshment*, Miss S. McDiarmid; *Program*, Mrs. R. Stevens; *Rep. to Press*, Miss M. McDonnell.

#### A.A., Royal Jubilee Hospital, Victoria

President, Mrs. D. J. Hunter; First Vice-Pres., Mrs. D. MacLoud; Sec. Vice-Pres., Miss R. Kirkendale; Sec., Mrs. J. A. McCague, 3106 Glasgow Ave.; Assist. Sec. Miss M. Bawden; Treas. Mrs. Jack Boorman, 2957 Foul Bay Rd.; *Committee Conveners*: *Visiting*, Mrs. F. Hall; *Membership*, Mrs. J. Boorman; *Rep. to Press*, Miss D. Van.

#### A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Kathleen; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. G. Rose; Vice-Pres., Mrs. J. Grant; Sec. Vice-Pres., Mrs. J. Welch; Rec. Sec., Mrs. J. Stokes; Corr. Sec., Miss G. Wahl, St. Joseph's Hospital; Treas., Miss M. Murphy; *Press*, Miss J. Cooney; *Councillors*: Mmes Ridewood, Bryant, Sinclair, Lewis; *Vital Statistics*, Miss Cruickshank.

### MANITOBA

#### A.A., St. Boniface Hospital, St. Boniface

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Mrs. W. Crosby; Pres., Mrs. W. McElheran; First Vice-Pres., Miss S. Wright; Sec. Vice-Pres., Miss W. Grice; Rec. Sec., Miss H. Fairbairn; Corr. Sec., Miss D. Webster, 184 River Ave., Winnipeg; Treas., Miss H. Oliver; Archivist, Miss Margason; *Advisory Committee*: Miss MacCallum, Mmes McElheran, Greville, Groelle, L'Eucyer, Rev. Sr. Superior; *Conveners*: *Visiting*, Miss Johnson; *Social & Program*, Miss Rungay; *Membership*, Miss Vandecar; *Reps. to The Canadian Nurse*, Miss Watson; *M.A.R.N.*,

Miss Troendle; *Man. Directory*, Mrs. Shinmowski; *Local Council of Women*, Mrs. Shankman.

#### A.A., Children's Hospital, Winnipeg

Pres., Mrs. W. Stewart; First Vice-Pres., Miss M. Perley; Rec. Sec., Miss E. Hyndman; Corr. Sec., Miss E. Young, 91 Home St.; Treas., Miss B. Thain, 21 Stratford Hall; *Conveners*: Program, Miss M. Smith; *Ways & Means*, Mrs. H. Moore; *Visiting & Red Cross*, Mrs. Campbell; *Membership*, Miss R. Hutton; *News Editor*, Mrs. G. Jack.

#### A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss C. Lethbridge; First Vice-Pres., Miss K. McLearn; Sec. Vice-Pres., Miss E. Wilson; Third Vice-Pres., Mrs. S. Ward; Rec. Sec., Miss J. Smith; Corr. Sec., Miss A. Robertson, 112 Royal St.; Treas., Miss F. Stratton; *Committee Conveners*: Program, Mrs. C. Kershaw; *Membership*, Miss A. Porter; *Visiting*, Miss G. McKeever; *Journal*, Mrs. S. G. Horner; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonnar; *Reps. to: School of Nursing Committee*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Doctors & Nurses Directory*, Miss A. Howard; *Local Council of Women*; Mmes Thomas, Randall; *Council of Social Agencies*, Mrs. A. Speirs.

### NEW BRUNSWICK

#### A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. J. Mitchell; Pres., Miss G. Brown; First Vice-Pres., Mrs. H. L. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss F. Congdon, S.J.G.H.; Treas., Miss H. Tracy, S.J.G.H.; Assist. Treas., Miss R. Wilson; *Executive*: Misses M. Murdoch, P. White, B. Bain, Mrs. J. Wilson.

#### A.A., L. P. Fisher Memorial Hospital, Woodstock

President, Mrs. Hebec Ingham; Vice-President, Mrs. Wendall Slipp, Chapel Street; Secretary, Mrs. Arthur Peabody; Treasurer, Miss Nellie Wallace; *Executive Committee*: Miss Margaret Parker, Miss Evelyn Briggs, Miss Mabel Howe.

### NOVA SCOTIA

#### A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. C. MacPherson; First Vice-Pres., Miss K. Davidson; Sec. Vice-Pres., Mrs. F. MacKinnon; Rec. Sec., Mrs. W. Bishop; Corr. Sec., Miss Flora Anderson, General Hospital; Treas., Mrs. John Kerr; *Visiting Committee*: Mrs. G. Turner, Mrs. L. Buffett.

#### A.A., Halifax Infirmary, Halifax

Pres., Miss Dorothy Turner; Vice-Pres., Miss Rita MacInnes; Rec. Sec., Miss Elisabeth MacDougall; Corr. Sec., Miss Loretta Pertus, 111½ Morris St.; Treas., Miss Gertrude Shortall; *Committee Conveners*: *Visiting*, Miss Eisenhauer; *Entertainment*, Miss Mary Ready; *Press*, Miss Margaret Grant; *Librarian*, Miss Shofer; *Nominating*, Mrs. Power.

#### A.A., Victoria General Hospital, Halifax

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## ONTARIO

## A.A., Belleville General Hospital, Belleville

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## A.A., Brantford General Hospital, Brantford

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#### A.A., School of Nursing, University of Toronto, Toronto

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## QUEBEC

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VOLUME 38  
NUMBER 12

DECEMBER  
1942



# THE CANADIAN NURSE



Winter on  
the Gaspé Coast



OWNED AND PUBLISHED BY  
THE CANADIAN NURSES ASSOCIATION



**QUESTION:** *In these patterns of diet planning for good nutrition, at least 21 servings of fruits and vegetables, in addition to 11 servings of potatoes or sweet potatoes, per week are recommended (1). How can I manage this on only a moderate food budget?*

**ANSWER:** You will note that these methods of diet planning have provisions which assist in modifying your food purchases according to fluctuations in individual food costs with season and location. Also, the fresh or canned varieties of the fruits and vegetables have similarly nutritive values and may be used interchangeably. In diet planning, full consideration should be given to the many canned fruits and vegetables which are readily available at reasonable cost during all seasons in all sections of the country.

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(1) 1939, Food and Life: Yearbook of Agriculture  
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## New Extracellular Foods Vast Improvement Over Strained Variety

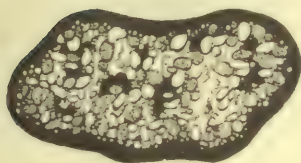
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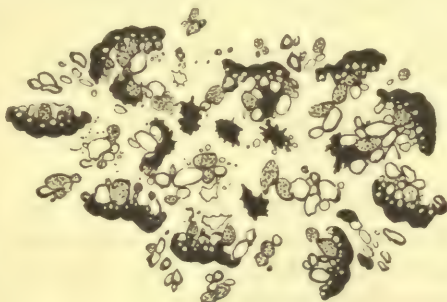
### FOOD CELL BEFORE HOMOGENIZATION



Note that nourishment is enclosed by tough cellulose wall which careful straining does not break down. Undeveloped digestive juices of the infant stomach may not penetrate cellulose wall and needed nourishment is lost. Undigested food passes into large intestine where it may ferment and cause serious disturbances.

### FOOD CELL AFTER HOMOGENIZATION

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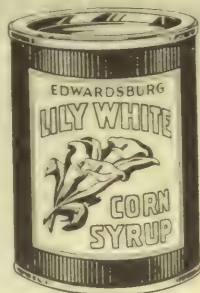
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# The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

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## CONTENTS FOR DECEMBER, 1942

ON CHRISTMAS DAY IN THE MORNING	-	-	-	-	-	-	-	913
CANADA GOES TO SOUTH AFRICA	-	-	-	-	-	-	<i>M. McLimont</i>	914
BLOOD TRANSFUSION IN A GYNAECOLOGICAL SERVICE	-	-	-	-	-	-	<i>G. Wilson, M.D.</i>	921
IMPORTANT EMERGENCY MEASURES	-	-	-	-	-	-	<i>M. Lindeburgh</i>	923
INTERIM REPORT	-	-	-	-	-	-	<i>K. W. Ellis</i>	926
NOTES FROM THE NATIONAL OFFICE	-	-	-	-	-	-	-	927
REPORT OF BURSARY AWARD COMMITTEE	-	-	-	-	-	-	<i>F. Munroe</i>	933
HOW THE FEDERAL GRANT IS USED IN THE U. S. A.	-	-	-	-	-	-	-	935
LAST POST	-	-	-	-	-	-	-	938
HEALTH EDUCATION IN THE REGINA NORMAL SCHOOL	-	-	-	-	-	-	<i>E. Smith</i>	941
THE TORONTO COMMITTEE ON INSTRUCTION	-	-	-	-	-	-	<i>M. Gibson</i>	943
PUERPERAL THROMBOSIS	-	-	-	-	-	-	-	947
INTERNAL MEDICINE AND THE STUDENT NURSE	-	-	-	-	-	-	<i>D. M. Baltzan</i>	949
NEWS NOTES	-	-	-	-	-	-	-	955
OFF DUTY	-	-	-	-	-	-	-	964
OFFICIAL DIRECTORY	-	-	-	-	-	-	-	965
INDEX FOR VOLUME 38	-	-	-	-	-	-	-	975

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## Reader's Guide

We wish you a **Merry Christmas** with a light heart because, as these notes are written, we can still hear the echoes of the church bells in Britain ringing out over the world after a silence of more than two years. Perhaps before another Christmas comes around we shall hear the chimes of peace on earth, goodwill toward men.

Every nurse in Canada should give close attention to the message from the president of the Canadian Nurses Association which appears under the caption of **Important Emergency Measures**. Miss Lindeburgh tells us quite plainly that we are now being called upon to make decisions that may profoundly affect the future of nursing in Canada. Every nursing group in this country should devote at least one meeting to a careful analysis of the president's statement especially in its relationship to the very important announcements which appear in **Notes from the National Office**. Then, too, there is much to be learned from our friends across the border especially in relation to the allocation of Federal aid. So be sure to read the article reprinted from *The American Journal of Nursing*. They are doing a good job over there and are setting us a fine example.

Thanks to the kindness and courtesy of Mrs. J. C. McLimont, we proudly present a thrilling story about Canadian nurses in South Africa, written by her daughter, **Marguerite McLimont**. Her vivid description of the voyage and of the African scene itself are alike admirable. Nursing Sister McLimont is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and was recently promoted to the rank of captain.

The increasing use of blood transfusion as a therapeutic agent is always a timely topic. **Dr. Gordon Wilson** offers some interesting notes on its value in a gynecological service. At the time the article was

written Dr. Wilson was a senior resident at the Montreal General Hospital. He is now Surgeon-lieutenant in the Royal Canadian Navy.

Saskatchewan has always handled its health problem with foresight and energy. **Elizabeth Smith** gives a stimulating account of the program whereby the student teachers learn to keep well themselves and how to teach their pupils to do likewise. Miss Smith is the instructor in health in the Provincial Normal School, Regina.

The Toronto Committee on Instruction already has an enviable record of achievement. **Miriam Gibson** tells of its origin and development and refers to its active interest in making examinations for registration more effective.

The preparation of the **Index** for the thirty-eighth volume of the *Journal* proved to be a bigger job than ever before. There were many more pages than in 1941 and when it came to keeping track of what the Canadian Nurses Association is doing we found we had our hands full. All three National Sections have their own special pages now and together they brought in some excellent material. We are beginning to hope that our long cherished dream may some day come true and, at long last, Canadian nurses may use their own journal as a working tool and a means of expression.

Unfortunately, an analysis of the Index shows that there is still one fundamental subject that is not receiving the attention it deserves. Articles on public health nursing and various aspects of teaching and supervision are relatively easy to get. They are always good and sometimes excellent. But no matter how we try we cannot get nearly enough on the actual nursing care of the patient. This is a distinct challenge to general staff nurses who are the experts in this field.



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# The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA  
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION  
VOLUME THIRTY-EIGHT

NUMBER TWELVE

DECEMBER 1942

## On Christmas Day in the Morning

Through the centuries the significance of Christmas has been interpreted in many ways but, in spite of brazen commercialization, it remains a day which is dedicated to friendship and good will. Apart from the religious associations which this Day has made sacred to all of us, we cherish the old pagan conception that the sun has halted on its southern journey and that the earth has tilted ever so little away from Winter and toward the Spring.

For quite a long time it hasn't been easy to make a very convincing display of the Christmas spirit. First there were the hideous years of depression and unemployment and then came the war. But this year it seems different. It is like being on night duty and watching the first gray glimmer of light in the East that comes long before the dawn. The idea that this may be so came to us from a strange source. We came upon a commercial advertisement in the American magazine, "Time", sponsored

by the Pan American Air Ways System, and found this arresting comment: "never before in the world's history has the brotherhood of man been so close to reality as it is today. For, the instant we win this war, all *geographical* barriers will pass away". Nor was this all. Along with it was a forthright statement signed by the Archbishop of Canterbury—"the aim of a Christian social order is the fullest possible development of individual personality in the widest and deepest possible fellowship". The Archbishop affirmed his belief that this fellowship can only be attained when every citizen is assured of employment and of a sufficient return from his labour to bring up his children decently. He insists that every child ought to have an education which is inspired by faith in God. He claims that every worker should have a voice in the conduct of the business or industry carried on by means of his labour. He holds to the hard-won rights of free speech, assembly and association



for special purposes. And he contends that there is no hope of establishing a Christian Order except through the labour and sacrifice of those in whom the Spirit of Christ is active.

At first it may seem strange that the thinking of a great religious leader

should reach us through a modern commercial enterprise. But when one comes to think of it, it is natural and right that it should do so. Perhaps, at last, it is Christmas Day in the morning.

—E.J.

## Canada Goes to South Africa

MARGUERITE McLIMONT

The 120 Canadian nurses in our group are scattered all over South Africa. Luckily all the ones I got to know and liked are here. I don't mind admitting I was worn out after two months travelling—always rushed, crowded, and

never knowing what was happening next. However, it was lots of fun and an amazing experience and I would not have missed it for anything. I wrote you about finding ourselves in England instead of South America as we expected, and of our week's leave, and all we did there. Afterwards, we went back to camp at Bramshott. Everyone was marvellous to us there and so glad to see us and to hear recent news of Canada. From Bramshott we were divided into five groups, for safety, and shot off secretly on different days, to unknown ports. Extraordinary feeling, not knowing where one is going to. We eventually found ourselves boarding a small ship in Bristol, and joined the rest of the convoy outside Greenock, and then, over the Irish Sea again. Fog was with us, so we travelled fast. Our ship was the smallest and we were the tail-end of the huge convoy all the way here. It was quite a come-down boarding a little ship packed to the limit, with no deck space, and only a tiny swimming-bath edge to get air on. However we soon got used to it. The troops below were the ones who had the bad time. It



NURSING SISTERS LOLITA BEST, AIDA  
MACMILLAN, AND MARGUERITE  
McLIMONT





*We didn't know where we were going—all very secret—no talking, no questions, no nothing.*

reminded me of convict days; there were over three thousand of them.

Complete blackout reigned at night of course, which meant all windows and doors shut, and in the crowded lounge in the evenings the air was thick, especially during the heat at the Equator, so we would escape up to the swimming-deck and gaze at the velvet black ocean, and stars, and phosphorescence, and feel in a world apart, throbbing through endless waters, mostly calm, warm and enervating to the extent that childhood and the present were vivid, but the middle of my life went *nil*. I might never have travelled or been anywhere before, and could not talk of it, as no memories came, so I wasn't a very interesting companion. They say the tropics affect people in queer ways. Well, I just went blank for a while, but it did not seem to worry anyone but myself.

The score and a half of black objects by night, and grey ships by day, be-

came good friends, and I should hate to sail the ocean in a solitary ship after this, with nothing to look at but the sea. Two of Britain's biggest battle ships came with us, plus many other lesser ones, and it was fascinating watching them scouting about the convoy, looking for submarines. Whistles blew by night, and flags went up by day every so often, and every ship changed its course — a sight worth seeing — and so we zig-zagged over the ocean. Why we did not bump into each other by night is a mystery to me still. Gun practice made us sit up and take notice. Such terrific explosions from such tiny guns, I'd never do for the front line!

Five days we stopped at Freetown in thick humid heat. Luckily we were far enough from shore and were not worried by mosquitoes. Other ships were, and one of the 120 nurses caught malaria. Every port we stopped at would gladden your heart. Who said Britain

had lost half her ships or control of the seas? I saw a great armada of ships at Spithead after the Coronation but I have seen more, many more, of all kinds and shapes, so many I lost count, and that not in one harbour but in many on this voyage, all going places in convoys. In fact, for two months we lived with ships and the Army, British for the most part, and only one week with the Americans and that was at first. You have to take off your hat to the British every time. Lads, only lads, off to the ends of the earth, ex-Dunkirkers, ex-Commandos, going to do more commando work, Heaven knows where. Ex-naval men, taking on ships again, ex-everything, still carrying on with such grown-up attitudes to life and the world and events, that Canadians, Americans, South Africans even, who have had some fighting in their own country, seem like children. At Free-town we sweltered, and had nothing to do. We drank orange juice, had no-

where to exercise and use up excess energy, but we lived through it and in comfort, compared to the troops who lined the decks below, sleeping under life-boats. The moon shone and it was lovely with the lights shining from the shore. The army had not seen lights like it for nearly three years! But all so odd—I could not live in the tropics.

Africa! I couldn't believe it—and so different to what I had expected it to look like. Red soil, odd scrubby trees for the most part, huge ones here and there, and some palms on the shore. But the mountains have a bare look, high shrubs rather than trees on them. Untidy native quarters and out-of-place white man's buildings on the hillsides that looked like fine dwellings. It was (and still is) winter, so, through the glasses I saw no flowering trees or shrubs, though they say it is ablaze in summer. Life went on aboard ship and some of the nurses from another ship were allowed to get into a life-boat and come over to



*Our group of thirty-one nurses on board ship en route to South Africa.*





*In our gas-masks and helmets. The mask bag should hang behind the left shoulder but we had to show them!*

see us (not aboard, but we hailed them and talked to them over the edge). Natives paddled about in what looked like huge dugout canoes, with wide bladed paddles. The darkness came as soon as the sun went down. The sunsets were beautiful, but all over in ten minutes.

There was a sigh of relief from everyone, even the ship I think, when at last we pulled out of Freetown Harbour. A weight seemed to lift and activity began again. Lectures on India and South America were given. There were concerts and card parties and a cool brisk breeze sprang up on deck. The nurses put on a skit "The Lighthouse Keeper's Daughter". About seven of us—all in pantomime—acted it. I was the policeman and it was a riot. I had a naval officer's blue uniform minus the trimmings, with a white "topee", huge boots, and a sailor made me a beautiful truncheon.

Then came Cape Town with huge

square mountains behind it, covered with a cloud, or "table cloth" as they call it. We lived on board the ship for two days, going on shore during the afternoons and evenings. Such a thrill after five weeks of water—and how the officers and soldiers enjoyed those bright lights! We found Cape Town (and now the other South African cities) much more like Canadian and American rather than European towns. I don't know what I expected, something uniquely African I suppose. Well, it isn't that exactly. There are English names on shops and places and streets, American goods in the shops, and an odd assortment of buildings ranging from the Dutch style to modern architecture. Some side streets are narrower than in Quebec and the main ones are very wide. There are high galleries all around some of the houses, where one sits out. The flowers were amazing blooms and colours, mere

weeds from the country, I was told. Well, the mere weeds are gorgeous, and so odd and so big.

The South Africans seem most patriotic. Shops are shut two afternoons a week and the employees do war work in that time. At twelve o'clock each day the "Last Post" sounds on the streets, and everyone stands still—or stands up if eating—and there is two minutes silence until the Reveille sounds. Then the city carries on again. We asked what it was all about and were told it was a sign of respect—that they felt that that was all they could do. The racial feeling is much like that in Quebec Province plus the native one. The crowded streets were an amazing sight. People from all over the world—soldiers, natives, South African and newcomers. I never saw such a crowded jolly jostling lot, all glad to get off ships for a while. The troop ships come in and the place swarms.

Oranges the size of grapefruit, pineapples for two cents, every kind of fruit, and all delicious to taste. What a country! Of course being winter, the ground is hard, the foliage and the grass is brown, and the dust is terrific. The rains come any time from September to December and the world turns green over night and everything flowers, though goodness knows they have enough flowers in gardens now—stocks, violets, marigolds, poppies, hybiscus, bougainvillea, poinsettias, roses, and gorgeous sweet peas, clarkia and delphiniums, glorious colours. I expect it is the natural shrubs and trees and wild flowers that bloom in spring and summer. The veldt is carpeted with them. Everyone has been so kind. They stop us on the street and talk and ask questions and the soldiers are taken for drives. They are the most hospitable, friendly people.

We were all sorry to leave the ship.

We had thought her so small and crowded at first but after five weeks she seemed like home. However we boarded the train and awoke next morning in the Karoo desert. We missed seeing all the beautiful mountains as we climbed at night. The Karoo is an extraordinary large plateau somewhat like the prairies, but instead of wheat fields it grows millions and millions of anthills—like red stacks of oats. There is also a funny tufty bush, like the stuff that blows around Oregon.

We stopped at Kimberly for eight hours. A dead city now—very few live there and streets are empty—yet how it thrived years ago, until they found they were producing too many diamonds, and had to close the mines. Some officers took us to see a mine. A great hole—sheer rock—it takes about half an hour to walk around it deep down into the earth. It takes a stone a whole minute to splash into the water below, and a small stone makes a roar like a cannon when it hits—the echo I mean. I kept hoping to pick up a diamond but didn't find one. No good anyway as you have to hand it to the Government if you do. Then we went to the Officers Mess, the only decent dwelling around, as far as I could see—Cecil Rhodes' old house, I believe. Trees around it, a real treat in this bare land, and gorgeous grounds in summer but all brown and dead now.

The trains are odd, a cross between our Canadian "chamberettes" and the English sleepers. We found them cramped and hit our heads, and bumped ourselves, and the service was poor, as it is everywhere now on account of the war. They have to save as they have to import everything. We travelled on again by night from Kimberly to Johannesburg and missed all the mountains again. By travelling by night, and



losing the mountain scenery, my impressions of Africa are of a flat country with rocky bumps of varying sizes here and there. From Cape Town to Johannesburg is a mere 1000 miles—quite near—from here to Cairo is 5000 miles or so. Johannesburg is 6000 feet above sea level, and much colder. The days are cloudless, bright sun and warm, the nights cold. As there is no heat in huts or houses, we have shivered.

Trucks met us at the station, and we drove through the richest city in the world, in the early hours of the morning. An enormous city, big modern buildings, almost skyscrapers, very streamlined and of a modern architectural style. Just on the outskirts on every side and even in the suburbs, are the gold mines with their enormous dumps, just like small mountains, of pale yellow clayey substance. An extraordinary sight, standing up with their flat tops on the slightly rolling countryside. Some mines go two miles below sea level. Everything is up to date and modern but these days you buy a heater and cannot get the fixtures. Transportation isn't what it used to be from the U. S. A. and England so they are short of more things than Canada is, and make nothing themselves. You see, they were so rich in gold they just imported everything, so why bother about manufacturing things? And now they are stuck.

Some miles outside Johannesburg we finally arrived at Camp. The hospital and the surrounding buildings were just completed two months ago—1500 beds. A huge place, all brick buildings, very nice indeed but the equipment not all here yet. It comes by degrees. It is a fenced-off part of the endless slightly rolling, red-earth miles of typical veldt (pronounced "felt") country. An occasional patch of trees, and a bare rocky bump like Mt. Bruno outside Montreal

every now and then. I was so disappointed at first, but too busy to think much about it. But the lights are ever changing, and at early morning and at sunset it is beautiful. Africa grows on one. The terra cotta earth gives colour. It is the real African colour, a beautiful shade. The natives are strange, repulsive, attractive and picturesque with their bright colours and blankets, the brighter the colour the better they look—civilian clothes do not suit them. I never saw so much empty space, but then of course I have not been out west in Canada.

One feels at home with the friendly people and customs and language and towns and shops very like those at home. We had two days to unpack and another group of nurses came the next day. The convoy had split in half, the other half had gone to Durban, so 30 more of our 120 joined us here from Durban. The rest were scattered to other military hospitals all over the Union. We consider ourselves very lucky in being here in a new hospital and all Imperial troops to nurse. It is a South African Hospital taken over by the British Government for the duration. The majority of nurses now here are Canadian, the others are South African who seem very English and very nice. The first thing we did was to go to town and buy ourselves a heater, an iron and lamps. Things are double and treble the price we pay at home, and our £13 a month won't go far. It amounts to about one-third the pay the Canadian Army Nurses get, so we shall have to cut our living to our pay. It won't be hard once we get essentials. We are two in a room in a hut of six rooms. There are dozens of these huts with wash rooms here and there. There are 300 nurses in all, 80 Canadians, 50 South Africans, and 235 probie V.A.D's. We are called staff nurses and spoken to as "Sister" and the V.A.D.'s

are called "Nurse". Staff nurses have two pips, and heads of wards are 3 pipers (Captains). The doctors are South African. I went on night duty in a medical ward and luckily, so did my pals, so it is very pleasant when off duty. On our nights off we go to town by bus and shop, dine and see a show. We are on nights for two months. So far it has not been hard, as the patients are now convalescent, and we are awaiting another convoy of wounded from the Middle East. The work is what I came for. The men here now are from Madagascar, India, Burma, Singapore and Libya, so it is very satisfactory to feel that though thousands of miles from the front, one is at least nursing the wounded straight from there. It is most interesting hearing all their experiences.

One day, when off duty, I was asked to go for a drive to Pretoria. People just drive out and ask to take nurses drives, or to their homes. This was a dear old man and woman and so I and two other nurses went with them and after seeing the sights of the city, which is the capital and has parliament buildings something like Ottawa, we went to their house for tea. We saw the country round about and drove back with the gorgeous sunset lighting up the hills. The country along the thirty miles to "Jo-burg" is much the same, more bumpy hills and bigger ones. There is a lovely view of the city from the Union Building, as the Parliament Building is called. The houses, of the bungalow style, have surprising gardens, every kind of shrub and flowers, and lemons growing like apples in our Canadian gardens.

Last Sunday we were taken to a native dance at the mining native Compound in Germistown, a sort of suburb of "Jo-burg". It was an amazing sight and beat any New York show for colour, rhythm, precision, grace, music and barbaric ferocity. They would scare the wits out of you, if you met them in the jungle. I had enough seeing them ten yards from you and knowing they were mine workers dressed in their native war paint. No, native undress is more like it! Tufts of fur on arms, legs and middle, and ostrich feather head-dress, and bright coloured rags. Different tribes were contesting on the Compound (green, so to speak). Sunday is their holiday, so they go native and dance, and love it. The only thing is that they get so worked up that the police had to stop them. Their muscles ripple, and there are holes left in the ground from their stampings. Their movements are like lightning, and perfect natural timing, nothing loose-jointed, or indolent about them. For music there are drums made of skins—and their own voices. Now I see how they send messages by drums over space. The persistent and monotonous beat can be heard for miles, and stays in your head for hours afterwards.

And so the work goes on. Many things are different—medicines, and customs—but being with such a bunch of Canadians, it does not seem as strange. We are lucky to be here instead of stranded in some God-forsaken spot. A lot to be thankful for—people are so kind, and all is so interesting and different.



# Blood Transfusion in a Gynaecological Service

GORDON WILSON, M. D.

It is a well established fact that any clinic that has become known for its accomplishments, statistical records showing low morbidity, low mortality, diversity and multiplicity of surgical procedures, etc., owes its record to the successful accomplishment of three factors: (a) preoperative convalescence; (b) the skill of the clinician and his assistants; (c) postoperative convalescence. The responsibility of factors (a) and (c) falls largely on the interne and nursing staff. In our present wartime basis this responsibility has increased. Remember this well: no matter how skilful the clinician, the ultimate success of public ward work depends on the co-operation and attitude of the interne staff with that of the nurse in charge and her nursing staff.

In this short discussion we would like to deal with the value of blood transfusion on a gynaecological ward, preferably during preoperative convalescence and/or in postoperative convalescence. In probably about twenty-five percent of our cases it is safe to say that blood transfusion, if given, would be the most important single measure at our disposal in the preoperative convalescence of a gynaecological patient. It is only when we try to approximate this figure in actual ward work that one begins to realize the improvement in results both immediate and on discharge.

We must then realize and demonstrate two facts satisfactorily: (a) Why is it necessary, and today almost essential, to carry out this therapy? (b) Are there any reasons for not carrying out this type of therapy? In answer to the first question, as applied to a gynaecological ward, one has just to enumerate

those conditions where there is a loss of blood, externally, internally, which may be acute in nature or prolonged repeated loss of small amounts; in other words, we are dealing with a true secondary anemia. One fact is singularly striking—the average woman does not report for medical care for from three to six months, if the nature of the bleeding is merely an increased loss of blood with each menstrual period; if it is near the time of the menopause; or if it is bleeding, the source of which she is cognizant and does not wish to divulge for personal or social reasons. This type of patient carries on with the hope that it will subside, and usually reports when a gradually increasing physical weakness overtakes her, seldom admitting the extent and duration of the bleeding. The true index of the extent of the bleeding is brought out by a hemogram. Acute internal hemorrhage is best recognized by the shock and subsequent drop in blood pressure. The hemogram may not show this picture for several hours.

A list of the gynaecological causes of secondary anemia is rather impressive. It is true that the progress of this type of anemia may be stopped by such means at our disposal as endocrine therapy, mechanical means, and surgical intervention, but this does not cure the present deficit of blood. Today there is no quicker or more gratifying method than transfusion of citrated blood. The response to iron therapy alone is much too slow to be of value either where surgery is being contemplated or where it has been done.

Patients in whom secondary anemia exist fall into two classes: (a) operative. (b) non-operative. In the former, blood

transfusion is essential, while in the latter it is a procedure which will cut down the duration of convalescence enormously and return the patient to work earlier and in better condition. Let us list a few of the more important gynaecological causes of this type of anemia: functional uterine bleeding of all types; menorrhagia, metrorrhagia, menometrorrhagia; endocrine dysfunction; hemorrhages of the menarche (puberty) and the menopause (climacteric); ovarian tumors; uterine polyps, fibroids; endometriosis, particularly of ovaries or uterus; carcinoma of ovaries, uterus or cervix; the so-called acute hemorrhages as from miscarriages, abortions, ectopics and hemorrhagic cysts; hemorrhages due to external influence such as pelvic inflammatory disease and lastly, hemorrhage from any pelvic trauma.

In answer to the second part of the question—why is it essential today to carry out transfusion therapy?—one may confidently say that not only is it easier to correct an anemia prior to operation, but also that the transfusion is more effective and makes the original surgical procedure safer and the postoperative course smoother.

In regard to preoperative transfusion therapy, there are two important facts: (a) that a simple transfusion of 500 cc. of citrated blood usually takes one week to raise a hemoglobin 10 points; (b) that often, although a patient needs preoperative transfusion, it is left until postoperatively. In many cases this is partially satisfactory; but it is courting disaster, because a case which may need blood preoperatively, may, because of the nature or technical difficulty of the operation, also lose an added amount of blood at operation and go into collapse. Conclusion: one has everything to gain by preoperative measures and everything to lose by unexpected postoperative therapy.

As an ideal, let us postulate the following course:

That every patient with a hemoglobin of 65% or lower, who is to undergo any major gynaecological operation receive one transfusion of 500 cc. of citrated blood.

That, in so far as possible, the patient be allowed two to five days before undergoing the operation.

That any patient with a hemoglobin of 40% or lower receive sufficient blood and time to raise the hemoglobin to 65% and that such a patient also receive blood immediately postoperatively.

That blood transfusion therapy during some major surgical procedures is good therapy and not a reflection either on the surgeon's ability or confidence. This type of therapy should only be indicated under exceptional circumstances, provided that the patient has had proper preoperative convalescence and transfusion. It cannot hope to replace such a preoperative procedure.

That transfusion therapy can often be used successfully in the presence of and for the purpose of combating sepsis.

In answer to the question: are there any reasons today for not carrying out this therapy? — we must talk about two distinct things: medical contraindications, and the risk and technique of the procedure. The medical contraindications are few and may be listed: advanced kidney disease, toxemia of pregnancy, prostatic obstruction, uremia, black water fever, uncorrected acidosis, and the use of luetics as donors.

The risk and technique of the procedure is slight and the steps in technical advancement have been amazing since the first recorded transfusion in 1667 by Jean Denys, of sheep's blood to a fifteen-year-old boy, and that of the first human transfusion in 1824 by James Blundell. Transfusions are carried out as easily today as the routine intravenous therapy of glucose and saline on a ward. True, reactions occur, but these are of a



minor nature. The danger signals are known by all nurses; the nurses know the principles and workings of these sets and regulate the flow by means of a drip chamber to the rate ordered by the interne. It is desirable for the interne to remain on a ward during transfusions but he may carry on other work. A nurse is detailed to watch the transfusion. The sets used are a closed system, consequently one must only regard the patient and the insertion of the needle. The rate of flow seldom needs readjustment if working properly. The only other technical difficulty which one may encounter is the difficulty in obtaining compatible donors. This is now obviated by using the bank system, and taking blood whether compatible or not and stowing it for any desired compatible patient.

### *Conclusions:*

1. The value of blood transfusion, preferably preoperative, has been discussed as applied to a gynaecological ward.

2. In view of the relative simplicity, safety, and ease of administration, it would seem to be either poor therapy or negligence on the part of staff to withhold such therapy from some 25% of gynaecological cases undergoing major surgical procedures.

3. The indicated cases which have received such therapy have shown smoother postoperative convalescence and have, on discharge, been in better condition than the average patient, allowing a resumption of normal activities and work at an earlier date.

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## Important Emergency Measures

The information under this heading is prepared particularly for those members of the Canadian Nurses Association who are not within the Executive Committee, and therefore are not in such close touch with emergency situations which are confronting the Association at the present time. Every nurse in Canada should be informed as to trends and developments during this war period. They should express their opinions and share in the responsibility of making decisions which are necessary at this time.

It was fortunate that the three national conveners of Sections of the Canadian Nurses Association were present at the Executive Meeting held on October 23-24, at which vital issues were discussed and important recommendations made. They represent the interests of the three nursing services in Canada, namely, public health nursing;

general and private duty nursing; nursing in hospitals and schools of nursing. The national conveners are therefore in a most favourable position to inform and advise respective provincial conveners of existing problems and situations in regard to which action must be taken. Provincial presidents and executive secretaries as well as the chairmen of National Sections are in direct communication with National Office and they are doing their outmost to bring matters of importance to the attention of all provincial associations. The *Journal* serves as another avenue of information. Since the biennial meeting in June, an abundance of valuable information has appeared in its pages. *Notes from the National Office* record, in carefully planned sequence, the appointment of committees, recommendations, and various activities, all of which should be studied in every issue of the *Journal*.

Three vital matters which are now under consideration are deserving of special attention, namely, financial assistance from the federal government, the control of nursing services by National Selective Service, and the proposed accelerated basic course.

*Financial Aid From the Federal Government:* Provincial Nurses Associations have been notified that the budgets for the expenditure of grants, as allocated to the Provinces by the Department of Pensions and National Health, for 1942, have been approved.

In conference with the Director of Public Health Services, the delegates appointed by the Canadian Nurses Association were advised that another request for a grant for 1943 was in order, the amount not to exceed \$250,000 and the request to be made immediately. A letter was, therefore, sent to the Minister, Department of Pensions and National Health, requesting the maximum amount, namely \$250,000.

While expressing appreciation for the grant of \$115,000 for 1942, it was pointed out that this amount was sufficient only to make certain initial adjustments, and to introduce programmes which could not be developed unless greater financial assistance were assured for the coming year. Reference was made to the amounts under the three main categories, as stipulated by the Government:

The amount of \$15,000 for administrative costs, the salary and programme of the Emergency Nursing Adviser, including an extensive publicity campaign, could not be continued beyond a few months, unless further financial assistance were assured.

The grant of \$75,000 to aid public health organizations and schools to strengthen their educational programmes, to take care of increased numbers of students was minimum, and had to be allocated on a very restricted basis.

The allocation of \$25,000 for bursaries af-

forded assistance to approximately one-half of the number of nurses who were considered eligible.

In conference with the Director of Public Health Services, it was agreed that, should a grant for 1943 be approved by the Government, the Provincial Associations should be given an opportunity of making recommendations regarding provincial needs, and that they should submit their budgets accordingly, keeping in mind the amount of the total grant to cover the nine Provinces.

In the November number of *The American Journal of Nursing* there appears an outline of the purposes for which the Federal appropriation (U.S. A.) is to be used. A summary of this outline appears elsewhere in this issue of *The Canadian Nurse* and a review of this statement would be profitable as the problems of nursing education in the United States are fairly similar to those which exist in Canada.

There can be no question as to the value of financial assistance to promising graduate nurses to undertake post-graduate study. The strengthening of educational programmes at this critical time can come about only by increasing the numbers of better prepared teachers and supervisors in all fields of nursing, as quickly as possible.

The Report of the convener of the Bursary Award Committee also appears in this issue of the *Journal*. It should be studied carefully. As recommended in the report, Provincial Associations should select, from applications received, the most promising nurses for recommendation to the Bursary Award Committee. It should be noted in the report that, besides the assistance given to undertake full year courses in universities, a portion of the grant for 1942-43 was reserved to assist nurses who wish to undertake short post-gra-



duate courses which are being offered. An announcement regarding post-graduate clinical courses appeared in the November issue of the *Journal* under *Notes from the National Office*.

The Director of Public Health Services commented most favourably on the number of nurses who benefited through bursaries, noting the Dominion-wide equal distribution for courses in public health nursing and in schools of nursing. (See Summary, Bursary Award Report). It is hoped, therefore, that, in anticipation of a larger Federal grant for bursaries for 1943, graduate nurses will take full advantage of an unusual opportunity.

*Control of Nursing Services by National Selective Service:* It is of vital importance that every member of the Canadian Nurses Association be alert to whatever action the Government may take in establishing control of nurses for the needs of the armed forces and the civilian population.

It is imperative that the complete man power and woman power in Canada be utilized to the fullest extent toward a total war effort, and the Government is undertaking measures whereby human resources will be used most effectively to this end. It is essential, therefore, that nursing resources be recognized and capitalized, that nurses be better distributed, and that they, individually, occupy the positions they are respectively best qualified to fill. Recommendations in connection with various emergency adjustments have appeared in the reports of the Emergency Nursing Adviser, and in *Notes from the National Office*. In the latter, in this issue, there appears an important announcement regarding "War Time Permits".

The Canadian Nurses Association is aware of the fact that if certain adjustments are not undertaken immediately

by provincial associations, National Selective Service might take action.

The Executive Committee of the Canadian Nurses Association, including representatives from all provinces, met in Ottawa on October 21 and 22, at the request of Mrs. Eaton, Assistant Director, National Selective Service (Women's Division) to discuss directive control of nurses and nursing services for the war period. Several plans were suggested, but to date (November 11) no definite decision has been made. The Canadian Nurses Association is now awaiting a report of a plan of organization which is being developed by the "Canadian Medical Procurement and Assignment Board". This plan is to provide for the control and co-ordination of all health services for the period of the war. The chairman of the Board has expressed his opinion that, if the plan is approved by National Selective Service, other professional groups may be invited to become part of the organization, in event of which interested groups will have opportunity of making recommendations as to representation on the joint Board and to the policy of organization and function which would safeguard and promote the services involved. It is hoped that this tentative plan may be made available to the Canadian Nurses Association for study at a very early date, and that possibly before this issue of the *Journal* appears, some definite action may be taken and a decision made.

*The Proposed Accelerated Basic Course:* A resolution by which the Executive Committee (Canadian Nurses Association) approves the policy of the acceleration of the basic course as a wartime measure appears under *Notes from the National Office*. The provincial associations have been sent a skeleton outline of the proposed plan whereby essential nursing experiences be com-

pressed into thirty months.

It must be emphasized that this proposed adjustment is regarded strictly as a war measure; nor is it compulsory. Such a course could only be established in schools which have a sufficient supply of applicants to provide for the required increased enrolment. Also it could only be recommended where the teaching and supervisory staffs are adequate, and well qualified. In order to preserve educational standards it will be necessary to make a very careful analysis of the whole programme of theory and practice. Classroom instruction, particularly the sciences, would need to be integrated, to a greater degree than is being done at the present time, in order to reduce hours of lectures, and at the same time maintain the quality of instruction. It will also necessitate a thorough study of the clinical services whereby non-essential activities will be eliminated, in order that the student will receive the most profitable experience within the reduced time period. It will demand economical and effective planning throughout. From the point of view of the added benefit to the student and the patient, the value of undertaking

nursing care on the *wible patient* assignment plan should not be overlooked. It should also be emphasized that in undertaking the shortened basic course, educational entrance requirements must be maintained.

It would not seem advisable for schools of nursing to initiate this course, until more information regarding the possible content is made available. The following resolution has been approved by the Executive Committee, Canadian Nurses Association: "that the Emergency Nursing Adviser be authorized to study the conditions of basic training, to decide whether any acceleration of the training can be considered, and under what conditions, if any, this might be accomplished."

At this time of writing, the Emergency Nursing Adviser is conferring with the convener of the Committee on Nursing Education, in connection with the preparation of material for the purpose of guidance for those schools which are willing and able to introduce an accelerated basic course.

MARION LINDEBURGH

*President*

*Canadian Nurses Association*

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## Interim Report

As the December number of the *Journal* goes to press, the Emergency Nursing Adviser has only just reached the farthest objective of another trip across Canada. While this visit was planned to include attendance at the meeting of the British Columbia Hospital Association, and meetings with other representative groups, it will also afford a welcome opportunity to make contact with nurses in all the Western provinces and to study with them the developments which are being dealt with by the President of the Canadian Nurses Association in an article which appears elsewhere in this issue.

Since the beginning of September, short visits have been paid to Alberta and Manitoba, and to a number of centres in Saskatchewan. While most of the visits paid in Saskatchewan were undertaken on behalf of the Saskatchewan Registered Nurses Association, advantage was taken of these opportunities to discuss developments in connection with the national programme. It was also possible for the Adviser to attend a meeting of the Saskatchewan Hospital Association.

KATHLEEN W. ELLIS

*Emergency Nursing Adviser*  
*Canadian Nurses Association*



# Notes From the National Office

Contributed by JEAN S. WILSON,  
Executive Secretary, The Canadian Nurses Association

## Executive Committee Meeting

A meeting of the Executive Committee, Canadian Nurses Association, was held on October 23-24, 1942, in Montreal. Those present included the officers, the chairmen of the three sections, the convener of the committee on Nursing Education, the presidents of provincial associations—Alberta, Nova Scotia, Ontario, Prince Edward Island, Quebec and Saskatchewan, while the remaining provinces each sent a representative. The reports of committees are summarized as follows:

*Health Insurance and Nursing Service:* the convener was present to give a brief report. Emphasis was given to the need for the provincial committees being more interested and active to provide for more direct contact between this Committee and the three sections. It was resolved that each National Section appoint from the present membership of the Committee on Health Insurance and Nursing Service a member to represent its section on the national committee; each representative to report progress by the national committee to her section; further, that each provincial committee on Health Insurance and Nursing Service have representation from the corresponding provincial sections.

*The Exchange of Nurses Committee,* through the sub-committee, reported on developments regarding the recruitment of nurses for the British Civil Nursing Reserve. It was decided that plans for recruitment for the British Civil Nurs-

ing Reserve remain in abeyance until more satisfactory arrangements can be made with the federal authorities.

*The convener of the History of Nursing Committee* reported an announcement from The Macmillan Company of Canada that due to personal reasons Miss Margaret Lawrence had cancelled her contract to write a History of Nursing in Canada and that the publishers had expressed the wish to proceed with the writing of a history. The Executive agreed that the original plan of having a History of Nursing in Canada written should be carried out.

*The convener of the National Voluntary War Services Advisory Committee* recommended that as the purposes for which this Committee was appointed no longer exist, the Committee be discontinued. Following the General Meeting, 1942, the Committee on Syllabus for V.A.D's became a sub-committee of the National Voluntary War Services Advisory Committee. The Executive adopted the recommendation to discontinue this committee.

*The Committee on Subsidiary Nursing Groups* proposed several recommendations which were adopted: (a) that immediate steps be taken in each province to effect licensing and control of members of subsidiary nursing groups; (b) that in order to protect the public and to maintain professional standards, requirements should include regulations whereby members of subsidiary nursing groups would work under the guidance and control of the

Registered Nurses Association in each province. The fact is emphasized that control also implies assistance and support. Many professional registries now make provision to accept subsidiary workers and this is felt to be desirable; (c) that a recognized course for subsidiary nursing be organized in each province under the direction of the Registered Nurses Association.

These recommendations were followed by the following statement: It is understood that it is the wish of the Executive Committee of the Canadian Nurses Association that this Committee include, in the study being made of subsidiary nursing groups, the preparation of a syllabus for guidance of Provincial Associations in the training of such workers and, that in any form of control, plans be made for the inclusion of those already in the field.

*Advisory Committee to Emergency Nursing Adviser:* It was announced that satisfactory arrangements had been made with the University of Saskatchewan and the Registered Nurses Association of Saskatchewan whereby Miss K. W. Ellis will continue on a part-time basis until June 30, 1943, as Emergency Nursing Adviser; the appointment of Miss J. Trudel as French Associate was ratified by the Executive Committee.

The following recommendations from the Advisory Committee to the Emergency Nursing Adviser were endorsed:

1. Whereas it is felt that through special planning, potential leaders may be more quickly developed, it is recommended that an approach be made by the Canadian Nurses Association to all University Schools of Nursing asking their aid, as an emergency war measure, in the accomplishment of the following objectives: (a) the attraction of a reasonable number of more mature students to University Schools of Nursing,

i.e., those holding a degree; (b) some more rapid accomplishment of professional training for this selected group. Furthermore it is recommended that when this approach is made, a reply be requested from each University, with the suggestion that financial assistance may be available to aid in the accomplishment of these objectives under satisfactory arrangements.

2. That the Provisional Council of University Schools and Departments of Nursing be requested to make a study of nursing courses in Universities for the purpose of establishing minimum standards.

The convener of the Advisory Committee explained that decisions as stated in these recommendations are, for the present, to take the place of the study regarding Type 4 of the Central Preliminary Courses as requested at the General Meeting, 1942 (see *The Canadian Nurse*, September 1942, page 642).

The afore-quoted recommendations had been brought to the attention of the Directors of Departments of University Schools of Nursing in reply to which one school had submitted the following:

That a selected group of university graduates be permitted to accomplish the general training in this school in thirty months; that the first diploma (in general nursing) only be given, and that the senior term in public health nursing now given to the students in the diploma course be omitted. That the above arrangement of work be conditional upon the approval of the Nurse Registration Department of Ontario, with agreement to accept this thirty months training for this selected group as meeting the full requirement for registration in this Province. This recommendation is being brought to the attention of the provincial registrars with a request that those officers inform the Canadian Nurses Association of the extent to which their respective Acts of Registration for Nurses would permit the graduates of the proposed course to be recognized as eligible for registration.



3. Suggestions have been made from sources outside our professional group toward possible plans for shortening the period of the basic course in nursing, and also suggestions toward the subsidizing of student nurses by enlisting them for military service. This matter should be explored thoroughly by the Canadian Nurses Association so that leadership in plans for nursing schools may remain in the hands of our own professional body and that the C.N.A. may give all possible service at this time of need. It was, therefore, resolved that the Executive Committee of the C.N.A. be asked to authorize the Emergency Nursing Adviser: (a) to study the conditions of basic training to decide whether any acceleration of this training can be considered, and under what conditions, if any, this might be accomplished; (b) to make enquiry concerning possible governmental subsidies; (c) to make an early report on (a) and (b).

It was further resolved that the Canadian Nurses Association approve the principle of accelerating courses in schools of nursing where this plan is feasible and acceptable so that the student may be granted an interim certificate at the end of 30 months and so be released to serve as a general staff nurse in her own or other civilian hospital. It must be kept in mind that educational standards must be protected if this plan is put into effect. Other resolutions adopted include:

1. *War Time Permits*: The Canadian Nurses Association recommends to the provinces: (a) That temporary nursing permits be granted to married and inactive nurses who were eligible for registration at time and place of graduation; that the current fee only be required and renewed annually as the need arises. (b) That registries for nurses be requested to allow the aforementioned nurses to register by pay-

ment of the current fee only.

Following the Executive Meeting, legal advice was obtained regarding the adopting of temporary registration permits for the duration. The advice secured is: As each Act of Registration is a permissive measure, the issuing of temporary permits can be arranged without the need to open any Act. The early adoption of such arrangements was urged as, in so doing, nurses themselves would be in a position to discontinue the temporary arrangements when conditions warrant such action.

2. *Financial aid to the provincial associations*: That \$2,500 be taken from the general funds of the Canadian Nurses Association and be apportioned for publicity to provincial associations as follows: Alberta, British Columbia, Saskatchewan and Manitoba—\$300 each; Ontario and Quebec—\$400 each; New Brunswick and Nova Scotia—\$200 each; Prince Edward Island—\$100.

3. *Future policy to provide for travelling expenses*: that the Chair appoint a committee to outline future policy in reference to the payment of expenses of members attending meeting of (1) Executive Committee; (2) standing and Special Committees; (3) meetings at which the Canadian Nurses Association should be represented officially.

4. *Previous action rescinded*: Since the reasons which existed last year to justify the publication of additional teaching material for use in first-aid instruction would now seem to no longer exist, resolved that the Canadian Nurses Association do not carry out the original intention to publish it.

5. *Presented by the Registered Nurses Association of British Columbia*: The Registered Nurses Association of British Columbia recommends to the Canadian Nurses Association that consideration be given to the recommenda-

tion that for purposes of enrolment in any of the National Active Services, applicants from the United States, or from any of the countries within the British Empire whose Schools of Nursing have essentially the same requirements, be permitted to register in any of the provinces of Canada and, where necessary, such clauses as may appear in existing Acts be waived to meet this situation. (This resolution has been referred to each provincial association).

6. *Presented by the Registered Nurses Association of Ontario:* Whereas many nurses with special training have left positions in order to accept other positions where such special training is not required, be it recommended that the registered nurses with special types of training such as public health, instructors and supervisors for schools of nursing, be not permitted to leave their present positions in order to accept other positions where such special training is not required; and that all registered nurses be asked to remain in one of the fields of nursing. (*It was decided that this resolution be left until consideration has been given to the National Selective Service programme*).

7. *Loans:* Ratification was given to the issuing of seven loans since July 1, 1942, totalling \$2,900.

### Government Grant Committee

The personnel of this committee consists of the Executive Committee with Misses E. L. Smellie, E. Johns and K. W. Ellis. In order to deal with urgent matters a sub-committee was appointed, consisting of the officers of the Association and Miss K. W. Ellis. The Executive Committee, realizing the need to have members of the sub-committee readily available, rescinded the previous motion for appointment of the sub-committee, then appointed the following

members: Miss M. Lindeburgh, chairman; Miss M. Buck, Miss F. Munroe, Miss K. W. Ellis, Miss E. Flanagan and Miss E. Johns.

Recommendations approved by the Government Grant Committee included several from the committee to award bursaries, namely:

That, in the event of approaching the federal government for another grant, every effort be made to obtain an announcement not later than April 1, 1943, to give time for publicity. Notice could then be published in *The Canadian Nurse* and thus all eligible nurses would or should be reached.

That a list of available post-graduate courses be published in *The Canadian Nurse*.

That if bursaries are to be awarded in the future, applications be submitted first to the provincial associations of which the applicant is a member, and that each provincial association appoint an award committee to select for recommendation to the Committee to Award Bursaries (C.N.A.) the most promising candidates. That applications be sent to the provincial secretaries before May 1, 1943.

### Summary of Reports of Sections

*Hospital and School of Nursing Section:* The responsibilities of the Section, as resulting from the General Meeting of the Canadian Nurses Association in June 1942, are two-fold: (1) to continue the study of post-graduate experience or courses organized by the convener of the Committee on Nursing Education and the chairman of the Hospital and School of Nursing Section; (2) to continue the study of Nurse Registration Examinations. One meeting has been held with the Committee on Nursing Education at which only preliminary steps were taken with regard to the study of post-graduate experience or courses. The Committee on Instruction will prepare a proposed plan for Registration Examinations from material received from provincial commit-



tees and registrars. This plan will then be presented to the Committee on Nursing Education.

*General Nursing Section:* The committee on general staff nursing, under the convenership of Miss Pearl Brownell, proposes to seek the consent of every physically fit private duty nurse to accept at least one month of general duty in hospitals.

A ruling has been received from the Commissioner of Income Tax, Department of National Revenue, regarding tax exemptions for private duty nurses. This has already been forwarded to provincial section chairmen and published in the October issue of *The Canadian Nurse*.

Miss Erla Beger, of London, Ontario, has been appointed secretary of the General Nursing Section following Miss Agnes Conroy's acceptance for service in the R.C.A.M.C. Miss Helen Jolly of Regina is convener of the publications committee.

*Public Health Section:* Two meetings have been held by the executive since the General Meeting on June 24. Miss Margaret Kerr has been appointed convener of the publications committee of the Public Health Section, and Miss Lyle Creelman was appointed convener of the education committee.

Studies to be undertaken by the Section are: (1) the salaries of public health nurses in Canada, including pensions and superannuation schemes; (2) the present practices in public health nursing agencies with regard to programmes of staff education, including the introduction of the new nurse to the field and the continuous education of the staff. It is expected that outlines for these studies will be ready this month to send to the Provincial Sections. It is planned to have a series of three or four articles on one topic written for *The Canadian Nurse*; this will give more

continuity to the material submitted for publication.

A committee, composed of members from the Public Health Section of the Canadian Nurses Association and the Public Health Section of the Canadian Public Health Association, under the convenership of Miss F. H. M. Emory, is meeting shortly to discuss the report on "Minimum Requirements for Employment in the field of Public Health Nursing".

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### Provincial Associations

Interim reports from the provinces show that, in all activities, efforts are being made to implement recommendations from the General Meeting of June 1942, including those in the report of the Emergency Nursing Adviser. Publicity has been given to loans available at University Schools of Nursing, through the Kellogg Foundation, and to bursaries derived from the Government Grant administered by the Canadian Nurses Association. The British Nurses Relief Fund continues to receive very generous support.

The *Alberta Association of Registered Nurses* has voted the sum of \$600 for use in a campaign to maintain and if possible increase the enrolment of suitable students in schools of nursing. Miss Jean Davidson has taken part in this campaign by addressing high school students, and other adult groups. Questionnaires have been sent to hospitals and schools of nursing regarding the shortage of staff, and the employment of subsidiary workers. An outline of suggested duties for ward aides has been prepared at the request of the Minister of Health, and sent to all hospitals.

The *Registered Nurses Association of British Columbia* has sponsored a number of refresher courses, including one given by the University of British Columbia in supervision in public health nursing which was attended by a limited number of social workers as well as public health nurses. Local chapters have carried through re-

resher courses for married and inactive nurses which were followed by hospital experience.

Publicity is being carried out through both the press and radio. Consideration is being given by the Provincial Placement Bureau Committee to the reorganization of the nurses registry in Victoria.

The Council of the Registered Nurses Association of British Columbia has approved the policy of District Directories acting as a source of employment for V.A.D's (St. John Ambulance Brigade and the Canadian Red Cross Nursing Auxiliary Corps) with the understanding that these workers be used in hospitals only, except in the event of an epidemic. In localities where there is no district directory the Provincial Placement Bureau Committee, in conjunction with local nursing groups, will make provision for placement of these aides.

The *Manitoba Association of Registered Nurses* recently prepared a brief concerning the present situation in regard to nursing services, which was presented to the Premier of Manitoba for consideration. An extensive radio publicity programme has been carried out by the Provincial Nursing Adviser.

The *New Brunswick Association of Registered Nurses* will approach the Minister of Health regarding instruction in public health nursing for student nurses.

The *Registered Nurses Association of Nova Scotia* has appointed a provincial publicity committee, with a small nucleus committee of members in Halifax, which will deal with emergency needs when it is not possible to call a meeting of the larger committee. A possible set-up of the Health Insurance and Nursing Service programme is being studied.

There has been an increase in the number of inquiries from Canadian-born nurses now in the U.S.A. regarding registration by reciprocity. The residence clause in the Nova Scotia requirements seems to be the stumbling block, as many nurses do not wish to come to Canada until they have been accepted for service in the armed forces. Following a trial period of six months, the Nurses Official Directory sponsored by the

Halifax Branch, R.N.A.N.S., is to be continued indefinitely.

The *Registered Nurses Association of Ontario* reports that the registry committee has been successful in the organization and re-organization of registries. The board of directors has made the appointment of the organizer a full-time one for the next six months. The Toronto Central Registry has reorganized and a second demonstration for practical nurses has been given. The registry committee has recommended that at least two more demonstrations be undertaken.

The Legislation Committee, R.N.A.O., is giving consideration to the question of licensing all who nurse the sick for hire.

Requests for loans from the Permanent Education Fund are increasing: during 1942, loans amounting to \$1,850 were granted. There has been an increase in the number and variety of extension and refresher courses, and plans have been made for courses throughout the winter months.

The *Registered Nurses Association of Prince Edward Island* has sponsored refresher courses for nurses in three centres recently with an approximate attendance of one hundred and thirty nurses.

The *Association of Registered Nurses of the Province of Quebec* has carried out a well-planned campaign to stimulate the recruitment of students to schools of nursing; the increase in enrolment is approximately three hundred.

The Committee on Legislation, A.R.N.P.Q., has plans under consideration for the amendment of the Act of Registration for Nurses. Reciprocal registration agreement has been reached between this province and the General Nursing Council for Scotland.

The *Saskatchewan Registered Nurses Association* in their publicity campaign for the recruitment of students has sent to six centres in the province the history of nursing exhibit shown at the twenty-fifth annual convention. Further progress is being made toward the organization of districts and chapters. Experience in the public health field is shortly to be made available to a number of selected students from schools of nursing.



# Report of Bursary Award Committee

This committee, consisting of Miss Maude Hall, Ottawa, Miss Marjorie Buck, Simcoe, Miss Kathleen Ellis with Miss F. Munroe as convener, was appointed by the sub-committee of the Government Grant Committee to deal with applications for bursaries derived from the Canadian Government Grant of \$25,000 set aside to provide scholarships for graduate nurses, deemed by the Canadian Nurses Association to be promising material for education as teachers, supervisors and educators.

The committee was appointed on August 5, 1942. Miss Lindeburgh, Miss Ellis and the convener met on August 7, when it was decided to send notice of the bursaries to the provincial secretaries, asking them to give publicity through local registries and alumnae associations. An application form was decided on, with certain information for candidates, to be given out with the application forms by the provincial secretary. The full committee met at the School for Graduate Nurses, McGill University, on August 29 at 2.30 p.m., adjourning at 9 p.m. Miss Kathleen Russell, Toronto, who was in the city was asked to sit in at the meeting. Miss Martineau assisted with awards to French-speaking candidates.

First, the following policies were decided upon:

That funds for bursaries be used for study in Canada only. (We have since been informed that this was the wish of the Government).

That approximately \$2,500. be ear-marked for French-speaking applicants.

That a contract be required from recipients of bursaries for at least one year's service in the field of nursing for which preparation is secured, and that the recipient be asked to defer military services until the contract is fulfilled. (The Government has since suggested a contract for the duration).

That applicants who enrolled for university courses after the announcement was made be given first consideration. That the Montreal members of the committee be authorized to deal with applications received after August 29, 1942.

The sixty applications which had come in were then considered and, in view of this large number, the maximum individual award was set at \$500. Thereafter, the committee met weekly until the end of September so that applications were given prompt attention. In all 45 awards were made out of a total of 112 applications, with a sum of \$7,000 kept in reserve for applicants wishing to take shorter post-graduate courses in hospitals, in public health nursing or in universities. For the latter courses, an announcement appeared in the November issue of *The Canadian Nurse* and bursaries will be awarded under the following conditions:

Candidates must have had at least six months experience, following graduation, in the field of nursing in which they wish to take clinical post-graduate work (with certain exceptions such as neuro-surgery).

Candidates must hold a matriculation certificate or its equivalent and be graduates of an approved School of Nursing and members in good standing of the Canadian Nurses Association.

Candidates must sign a contract for a year's service following the course. Confidential reports as to applicant's personality, interest and potentialities will be required.

The maximum amount of the bursary will be \$250 depending on travelling expenses, cost of course, etc.

The application must be made before December 31, 1942. A detailed application form (including health record) will be required.

In making awards, the Committee tried to select those whose references indicated that they would contribute most to nursing in Canada afterwards and, at the same time, tried to distribute the

<i>Province</i>	<i>Applications.Awards</i>			<i>Total</i>
Alberta.. . . . .	13	4		\$1,965
British Columbia .. . . .	12	4		1,600
Manitoba .. . . . .	19	7		2,765
New Brunswick .. . . . .	6	3		1,330
Nova Scotia .. . . . .	5	3		1,400
Ontario .. . . . .	18	7		2,650
Quebec .. . . . .	24	10	9 (French 1 English)	3,025
Prince Edward Island .. . . .	2	1		265
Saskatchewan .. . . . .	14	6		3,000

awards between the provinces and between public health and teaching and supervision. The foregoing table shows how this has worked out and, according to provinces, the awards were as tabulated therein.

Out of a total of 45 awards, 25 were made for courses in public health nursing and 20 for courses in teaching, supervision and administration in schools of nursing.

Many difficulties have presented themselves in deciding on the awards. The grant was not announced until the end of July and universities open in September, so the situation was almost an emergency and plans had to be made quickly and, this being the first grant, there was no previous experience to serve as a guide. Applicants wished to be sure of a bursary before applying to University and the Committee wanted to be sure that the applicant would be accepted at the University before awarding a bursary.

As no deadline could be set for applications to be in, it was not possible to consider all at the same time. There was no way of predicting how many might come from any one province or for any one field of work. Some centres sent in many applications, others none. Thus, in some provinces, awards went largely to one city. Then, too, it had

been urged that young and promising members of graduating classes be selected and prepared for positions of responsibility. This brought up the question—is an inexperienced nurse good material for post-graduate work in a university? Or, if sufficient well-recommended experienced applicants present themselves, should the new graduate not be urged to obtain at least a year's experience before receiving a bursary? In some instances, references came in much later than the applications, and all applicants were not well recommended. Students in the five-year course applied for bursaries to complete their fifth year. Nurses who had accepted positions of responsibility a few months ago applied, and nurses already well qualified to do the work they were doing, applied. In these two latter instances, your committee felt that applicants would be of greater service continuing in their present work. Almost 30% of the applications were incomplete. Many inquiries were received as to where courses were available other than those announced in *The Canadian Nurse*. Many air mail applications arrived with insufficient postage, using up unnecessary money and time.

In the light of the above statements, the following recommendations are made:



That, in the event of approaching the Canadian Government for another grant, every effort be made to obtain an announcement not later than April 1, 1943, in order to give time for publicity. A notice could then appear in *The Canadian Nurse* and thus all eligible nurses would or should be reached. That a list of available courses be published in *The Canadian Nurse*.

That applications be sent in before a specified date—(say May 1, 1943) to the provin-

cial secretaries. That if bursaries are to be awarded in the future, applications be submitted first to the provincial association of which the applicant is a member, and that each provincial association appoint a committee to select for recommendation to the bursary award committee the most promising candidates.

F. MUNRÔE

*Convener*

*Bursary Award Committee*

## How the Federal Grant is Used in the U.S.A.

*Editor's Note :* Now that we in Canada have a Federal Grant of our own, it is both interesting and profitable to study the purposes for which a similar but much larger appropriation is being used in the United States. The following excerpts are taken from an article entitled "Your Federal Appropriation", by Mary J. Dunn, which appears in the November 1942 issue of *The American Journal of Nursing* :

When the new federal appropriation of \$3,500,000 for the fiscal year 1942-1943 became available, effort was made to acquaint all accredited schools of nursing with these funds. and the purposes for which they might be used. Federal funds have been authorized for the following types of programs :

Basic training programs for undergraduate or student nurses.

Refresher courses for inactive nurses.

Post-graduate programs of study in the various nursing specialties.

A school of nursing is entitled to receive federal aid for its basic program of study provided :

It is connected with a hospital having a consistent daily average of 100 or more patients, or a consistent daily average of 90-100

patients if satisfactory affiliations are provided.

The school and the hospital providing the clinical experience are accredited or approved by the appropriate accrediting agencies.

The clinical facilities are adequate for the number of students enrolled.

It can increase its admissions over those of the year 1940-1941, or is in need of scholarships for qualified students who lack funds. Each student receiving a scholarship from a school and derived from federal funds is expected to declare her intention to serve at the completion of her program where most needed in the field in which she is best qualified to serve.

A school of nursing is entitled to receive federal aid for refresher courses provided :

It is accredited by the appropriate agencies.

Qualified nurse instructors are responsible for the program.

The course is not less than two months or more than three months in length, with a satisfactory balance of theory and practice.

The students declare their intention to practise nursing at the completion of the course.

An institution is entitled to receive

federal aid for a post-graduate program of study provided :

It is accredited by the appropriate agencies.

It offers satisfactory programs of study, including supervised field experience.

The students declare their intention to serve in situations in which they can make the greatest contribution.

Funds are allotted by the U. S. Public Health Service directly to participating schools for the following purposes :

Scholarships for qualified needy students.

Additional instructors and instructional facilities commensurate to the increased student enrolment.

Subsistence, including housing, food, and laundry, during that portion of the program, when the student is not rendering any appreciable service to the institution (usually the first six months).

Expansion of clinical experience through affiliation with other institutions or agencies.

Funds are not to be used for any students who are more than three years from date of graduation. In other words, federal funds are to be used for the clinical portion of the nursing program of study and not for the pre-nursing portion.

The maximum amount allowable to an eligible school of nursing is as follows :

\$300 per capita for every increased admission over the 1940-1941 admissions. This \$300 per capita is modified in accordance to date of student admission.

\$50 per capita for those students (now second-year students) admitted in 1941-1942 through federal funds, and remaining in the school.

An average of \$50 per capita for affiliations for second and third-year students provided the school was able to increase its admissions last year or proposes to do so this year.

Tuition scholarships for qualified needy students (and this in addition to the basic per capita allowance for student increase.) Such scholarships may be requested by an eligible school, even though it is unable to show an increase in admissions.

In making federal allotments, the total school budget is studied to determine the student per capita cost requested from federal funds in relation to the total school cost. After determining the ceiling or maximum federal amount which any given school of nursing may receive, the next question is the allocation of the total amount among the various budgetary items. Here again certain criteria are used as guides although so far as possible allotments are made in accordance with the itemized request of the school. An additional instructor's salary may be requested for an increase of every 15 students. These additional instructors may be employed and salary paid beginning two to four weeks before the date of admission of proposed class. One half the salary of a clerk may be requested for an increase of every 30 students.

It is the aim of this program that scholarships be provided so that no qualified student will be barred from entering a school of nursing because of lack of funds. Subsistence may be requested under the separate items—housing, food, and laundry—for first-year students representing increased admissions and for that period during which the number of hours of nursing practice in the hospital does not exceed 30 hours a week. Full maintenance must not be requested for a period exceeding six months.

Housing continues to present a serious "bottleneck" in the admission of increased numbers of students. Federal funds may be used for renting additional dormitory space. When this is done and a school obligates itself to rent on a yearly basis, a certain amount of federal



funds may be used for the housing throughout the first year for students represented in the increase. Also, limited funds may be requested for housing graduates outside the nurses' residence as a means of providing additional quarters for the increased number of students, and this requested in lieu of student subsistence. Limited funds may be used also for converting certain existing facilities and space into living quarters for the further expansion of the school. A limited amount may be allocated to classroom facilities, including equipment and supplies, school office supplies, and library. The maximum amount allowable to an institution for the training of graduate nurses is \$100 per month per student, and in no instance is to exceed \$500 for any one student. Requests for tuition scholarships shall not exceed 50

per cent of the anticipated enrolment.

The Advisory Committee has encouraged the establishment of centralized teaching plans as a means of economizing such resources as instructional personnel, equipment, and clinical facilities of a group of schools of nursing during a certain period of time or for certain courses. In some instances (1) all funds are paid to the school offering the central program; (2) a portion of the funds is paid to the school offering the central program and a portion to the participating schools; (3) all funds are paid to participating schools which reimburse the school offering the central program.

The payment for tuition and entrance fees may be requested as soon as the students have enrolled in the school.

### Have you the Conference Habit?

Do you suffer from the great conference habit?

This habit has been growing amazingly in the past several years. Originally it started with the very good idea that, because business organizations were spreading out and personal contact was difficult to maintain, team-work could be promoted by bringing the men together every so often from departments and branches.

But nowadays, wherever two or three are gathered together, even in everyday routine talk, that is sanctified by the term "conference".

Not long ago a new manager took charge of a business so hypnotized with the conference idea that it was falling to pieces. Able men were quickly lost because they could get nothing done. No matter what project was proposed, the conference crowd held an autopsy on it. The bigger it happened to be, the greater the necessity for careful consideration they said.

A preliminary conference debated the matter, and clearly brought out all the ob-

jections against it, and reduced initiative and energy to doubts and delays. Then all the misgivings were handed over to sub-committees, who held other conferences upon them, until finally the project was set aside altogether, to wait until times got better or the weather changed. That business had degenerated into an organization of debating clubs.

What the new manager did was very simple. Going back to first principles for debating societies, he applied ordinary parliamentary rules to hold discussion on the track and run it on schedule, and wielded the gavel on anybody who tried to wreck the train or lead it off on a ramble through the woods. He cut down on the number of conferences, and anyone who attended one of this manager's conferences, got enough things to do to keep him busy for a week, with full authority to carry them out, and the obligation to come into the next conference bringing the results.

— *Canadian Business*

## Last Post



NURSING SISTER AGNES W. WILKIE

In the November issue of the *Journal* the brief announcement was made that Nursing Sister Agnes W. Wilkie, a member of the Nursing Service of the Royal Canadian Navy, was among the missing after the sinking of the S. S. Caribou as a result of enemy action. Her body was subsequently recovered, and the *Journal* is indebted to Matron Stibbard, Nursing Service, Royal Canadian Navy, and to Miss Syretha Squires, Director of Departmental Nursing Services of Newfoundland, for sending an account of the dignified and touching ceremony which marked the burial of the first Naval Nursing Sister to make the supreme sacrifice in this War. The description which follows is quoted from The Daily News, St. John's, Newfoundland:

On a rugged, windblown hillside in Newfoundland, her Naval comrades laid to rest all that was mortal of Agnes W. Wilkie, first Nursing Sister of the Royal Canadian Navy to make the supreme sacrifice in the present war. She lost her life when S.S. Caribou, Newfoundland Ferry Ship, was sunk by an

enemy submarine in the Cabot Strait. In the chill of a blustery autumn afternoon, they bore her Union Jack draped casket down the slope of St. John's Mount Pleasant Cemetery to her last resting place—a spot that is forever Manitoba—because she was a Manitoba woman and, having dedicated her life to the healing of others, answered her country's call early and went forth to serve. She was appointed to the Royal Canadian Naval Hospital at St. John's where she became Assistant Matron and she had just completed her first leave as a Naval Nursing Sister—a visit to her parents in Carman, Manitoba.

She and her hospital companion, Miss Margaret M. Brookes, R.C.N., of Ardash, Saskatchewan, kept together after the torpedo struck. They clung determinedly to the same raft for more than two hours and then Nursing Sister Wilkie lost consciousness. Just before dawn, the seas became so rough that Miss Brookes could not hold on to her friend any longer.

"She wasn't hurt, neither did she suffer for long", said Miss Brookes, who was rescued when a rating on the rescue ship dived overboard and picked her up. "I think the cold and the constant splashing of the waves over us was just too much for her. Had I only had two hands with which to hold her, but I had to hang on with one and I was so cold and numb that I didn't seem to have any strength left".

The body of Nursing Sister Wilkie was the first to be reclaimed from the sea. The remains were brought to Port aux Basques and thence were sent on to St. John's escorted by Paymaster-Lieutenant Eric N. Wright, R.C.N.V.R., a Naval Officer from the late Nursing Sister's native province. The funeral,



with full Naval honours, took place the same day from Cochrane Street United Church. The service was conducted by Rev. G. Roy Inglis, Chaplain of the Royal Canadian Navy, assisted by the pastor, Rev. Clifford Knowles. Commodore E. R. Mainguy, R.C.N., Flag Officer Newfoundland Force, paid his respects both at the church service and at the graveside, while the Nursing Sisters from the R.C.N. Hospital, led by Matron E. I. Stibbard, attended in a body, as did the R.C.N. Surgeons, headed by Commander A. L. Anderson, Base Medical Officer. All other Naval establishments were represented, as well as medical officers and nurses from all other services, including those of the United States.

Colours of the ships in Harbour and of the shore establishments were at half-mast and the Firing Party and Naval Escort were lined up outside the Church as six Sick Berth Attendants, who had worked in close association with the late Nursing Sister, carried the casket.

The rain beat down as the cortège wended its way along the cemetery path to the graveside. The Chaplain intoned the burial prayer "ashes to ashes, dust to dust". Three volleys rang out and, as the notes of the "Last Post" died away in the stillness of the afternoon, Commodore Mainguy stepped to the open grave and brought his right hand up in final salute. It was then that a shaft of sun breached the slanting rain and threw its rays on the casket.



*The Final Salute*

# Obituaries

MRS. FENTON (Helen Schonnop) died recently. Mrs. Fenton was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1929.

MARY NUNN, a graduate of the School of Nursing of the Brockville General Hospital, and a member of the Class of 1896, died recently. Miss Nunn served mostly in the private duty field, latterly in Alexandria Bay, New York, where, shortly before her death, a group of nurses named themselves "The Mary Nunn Nursing Group".

In 1916, Miss Nunn went overseas on military service and became a member of the Imperial Military Nursing Service. She was assigned to a hospital where a great many wounded German prisoners were received. Miss Nunn was invested with the Royal Red Cross by King George V. Later she went to France with the No. 3 General Hospital.

At the graduation exercises in 1940, the occasion of the fiftieth anniversary of her training school, Miss Nunn presented the hospital emblems to the graduating class and was also the special speaker at the reunion banquet.

## British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

### *Nova Scotia:*

Halifax Branch .....	\$30.00
Valley Branch .....	10.12
Antigonish-Guysborough-Inverness- Richmond Branch .....	10.00

### *Ontario:*

Districts 2 and 3:	
Simcoe Nurses Registry .....	170.00
Kitchener nurses .....	150.00
Brantford General Hospital nurses..	11.00
Stratford General Hospital nurses..	31.75
District 4:	
A. A., Hamilton General Hospital..	30.00
Nurses of Mountain Sanatorium, Ham- ilton .....	18.10
Welland Graduate Nurses .....	6.00
District 5:	
A.A., Hospital for Sick Children, Toronto .....	8.00
A.A., Toronto General Hospital ...	150.00
Public Health Nurses Association, Toronto .....	130.00
Victorian Order of Nurses, Toronto.	16.45
Private Duty Group, Toronto General	

Hospital .....	127.40
Chorley Park Nursing Sisters' Mess	25.00
Matron & Nursing Sisters, Military Hospital, Camp Borden .....	23.35
District 6:	
Nurses of Ontario Hospital, Cobourg	4.32
District 9:	
Parry Sound General Hospital nurses	5.00
Kirkland Lake nurses .....	15.75
Individual .....	1.00

### *Prince Edward Island:*

Graduate nurses, Charlottetown Hos- pital .....	15.00
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### *Saskatchewan:*

Nurses of Melfort & District .....	19.61
Nurses of Rosetown Hospital, Rose- town .....	5.00
A.A., St. Elizabeth's Hospital, Humboldt .....	10.00
St. Elizabeth's Student Body, Hum- boldt .....	7.50
Kindersley married nurses & hospital staff, Kindersley .....	22.00
Graduate Nurses Association, Prince Albert .....	15.00
Individual donations .....	15.50



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## PUBLIC HEALTH NURSING

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Contributed by the Public Health Section of the Canadian Nurses Association.

### Health Education in the Regina Normal School

ELIZABETH SMITH

The program of health education in the Normal Schools of Saskatchewan is, of course, not new, Saskatchewan being one of the first provinces to include this course in the training of student-teachers. In the health program of every school, attention must be given first to the health of the student and second to health instruction. Provision for the health of the student involves all of the health services of the school.

One important objective of any teacher training school should be the selection of students without physical handicap. In Saskatchewan each prospective student is required to present, upon application for admission to normal school, a medical certificate of health and physical fitness. This plan presents some very obvious weaknesses but is becoming more and more effective. Immediately after admission to the school a record is made of the health of each student. This record includes a history of past illnesses, a record of the findings of the medical examination, an inspection of vision, hearing, throat and teeth. Each student is interviewed by the school nurse who then has a very good estimate of the individual health and health needs of the students. This initial health inspection is followed by a further medical examination where the

need seems to be indicated. Continual necessary check-up is made in an endeavour to have all remediable defects corrected during the year. A report of the health of the student is given a very important place on his record card kept permanently on file in the school.

Health supervision of the students includes home visits in case of illness. Many young student-teachers are away from home for the first time. The nurse is often able to give assistance in securing medical attention as well as in arranging for nursing care of the patient. Such attention during illness is usually reassuring not only to students but also to parents. Home visits afford some opportunity for becoming acquainted with the housing conditions of the students. In the normal schools of Saskatchewan, a real attempt is made to assure suitable living accommodation. However, as complete control over this phase of the student life is not given the school, an approved list of boarding houses maintained at the school is not always used to the greatest advantage.

For the past twelve years, all student-teachers in Saskatchewan have been examined by specialists of the Anti-tuberculosis League of the province. The use of the fluorograph machine with recent classes has greatly speeded up the

examination which, when the project was first undertaken, included a physical examination and x-ray for each student. The value of this educational and preventive activity cannot be estimated. Through the years, several, who might have gone out into the professional field, have been withdrawn and given treatment at a time when it would be of greatest benefit. Others have been warned and assisted in building up a program of living most suitable for their needs. The co-operation of the provincial public health department in recent years has made it possible for students, so desiring to have the Wassermann Test. While this is done, as yet, entirely on a voluntary basis, it has been gratifying to note that the response is almost always one hundred percent.

A special feature of the health service of the Regina Normal School is the Mutual Benefit Society; this is a form of insurance duly licensed by the provincial government. Any student in attendance is eligible for membership upon the payment of a fifty cent fee for each term. From this fund are paid, at the end of the term, claims, approved by the executive of the society. Every term this insurance has proved its worth.

The teaching of health in the Normal School includes instruction in the following phases of a school health program: the health of the teacher, the maintenance of a healthful and attractive school environment, the health of children, and the interpretation of the courses in health as suggested in the curriculum of the elementary school. With the beginning of this term the Normal School year has been reorganized into three quarters of twelve weeks each. The work is classified under the headings of compulsory credit courses, now credit courses and optional additional courses in each quarter. Certain phases of teacher training are dealt with in

one quarter of the year, others are completed in two quarters. Health education, however, is allowed an equal amount of time in each quarter and is a compulsory credit course. It is given, therefore, the emphasis which it rightly deserves.

First aid instruction, as outlined by the St. John Ambulance Association, is another feature of the health instruction in the Regina Normal School. Students who qualify receive the senior first aid certificate. One of the optional additional courses offered is home nursing. At present, a group of students is receiving instruction in the more useful aspects of caring for illnesses in the home. The importance attached to health teaching in the Normal School has been illustrated recently by the Department of Education. The outline of health instruction has been given first place in the revised curriculum for elementary schools.

During the past few years, conferences of superintendents of schools and instructors in Normal Schools have been arranged by the department of education. These conferences, I believe, are playing a very important part in securing better results in health programs of rural and town schools. The Normal School instructor has been given an opportunity to see the problems from the point of view of the person in the field. Superintendents, on the other hand, become more aware of the instruction given in the Normal School and know what should be expected of the teacher in carrying out a well balanced school health program.

While those interested are not completely satisfied with all aspects of health work in the Normal School, nevertheless, it is felt that the program has much to commend it and that it has made a valuable contribution to the life of the province.



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# HOSPITALS & SCHOOLS *of* NURSING

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Contributed by the Hospital and School of Nursing Section of the C. N. A.

## The Toronto Committee on Instruction

MIRIAM GIBSON

What is the Toronto Committee on Instruction, what has it accomplished, and what is its value? For about twenty-five years, the majority of the schools of nursing of the city of Toronto have had a centralized system of instruction for those lectures which are given by the doctors, psychologists and chemists. The system started as the result of a shortage of lecturers during the war of 1914-1918. The schedule of lectures in this centralized system is arranged by the superintendents of nurses who meet in committee several times during the year at which time the instructors of nurses are invited to attend. Several of the instructors felt that it would be of advantage to the teaching group if occasionally they could meet to discuss their problems. The result was that on October 8, 1930, at a meeting of the Centralized Committee it was decided that an Instructors' Section of this committee should be formed, the organization of which was to be left to them.

The first meeting of the Instructors Section, held at the Toronto Western Hospital, was a most enthusiastic one. The ten hospitals comprising the centralized group were represented by seventeen members and at that time, only those nurses who were instructors of nurses in the hospitals became members

of the Instructors Section. An account of this organization will be considered in two phases, the first phase covering the period from organization in 1930 to reorganization in 1935, the second phase covering the period from reorganization in 1935 to the present. The first meeting of the Instructors' Section was described as "a meeting of a group of nurses all of whom were interested in nursing problems". Their aims and ideals were high and their problems were many. A membership fee of one dollar was agreed upon and continued for two years. In 1932 it was decided to have a fee of one dollar for new members and an annual fee of fifty cents. The Section did not have many expenses so that the fees covered necessary correspondence, made it possible to purchase materials of aid in special studies, and provided occasional speakers for the meetings.

The plans for the following year provided for meetings to be held monthly, each of the hospitals in turn being responsible for the programme. Demonstrations were given in nursing procedures and papers presented which brought forth various questions, for example: could the procedure be simplified and could it be made uniform to all hospitals? Were certain requisites neces-

sary and why was this method used? A number of these discussions required considerable research to provide the accurate answers to the questions. At this point it may be well to recall that the Instructors' Section was a subcommittee of the Centralized Committee and that findings of this Section were referred to the superintendents for approval and adoption where necessary.

As the years went on, such topics of interest were studied as the various aspects of teaching; self-examination in the ways of teaching; the ratio of theory to laboratory and demonstration; the educational value of case studies; the new type of examinations and their advantages to the student and teacher. A study of the history of nursing in Canada was made in five periods from 1600 to 1933 and was presented to each member of the Section. At the time of the Silver Jubilee of the Canadian Nurses Association in June, 1934, this information proved to be of inestimable value to the narrator in the production of the pageant a description of which may be found on pages 363 and 366 of *The Canadian Nurse*, August 1934.

The activities of the Instructors Section created an interest which had never been anticipated. At a special meeting, during the Silver Jubilee, consideration was given to the advisability of forming an Instructors' Chapter as a branch of the Nurse Education Section, now the Hospital and School of Nursing Section, of the Canadian Nurses Association.

A resolution was forwarded to the general meeting to the effect "that a committee be formed within the Nurse Education Section to be known as the Committee on Instruction for the purposes of securing closer contact for the consideration of special problems". The outcome of this resolution was the forming of the present national committee.

The second phase began in Novem-

ber 1935 when the Instructors Section in Toronto gave consideration to the reorganization of the group to include all nurses concerned with the teaching of student nurses and to be known hereafter as the Toronto Committee on Instruction of the Nurse Education Section of the Canadian Nurses Association. The Committee on Instruction was now to include in its membership, nurse instructors and teaching supervisors from all qualified schools of nursing, schools of affiliation, and health agencies in and near Toronto. All members of the Committee were now required to be members of the Registered Nurses Association of Ontario and, as a subcommittee, we could no longer collect a separate fee. The few expenses of the local Committee have been carried since this time by special collections whenever necessary. New members have brought added experience and new ideas to the group which have broadened and stimulated interest in the many phases of the nurse education programme.

Nursing procedures must be thought of not only in relation to the hospital environment but of how they may be modified and applied to nursing in the home. Should not the student nurse in the field of public health be prepared to apply and to teach simplified nursing measures for the comfort of her patients? Is this not what is expected of the nurse in the home? At the request of the Committee on Instruction, student nurses from the various schools presented papers on "a month of public health experience", making a comparative study of the experience received by the students previously and that received at the present time. The changes which had been made proved to be of definite advantage to the student as it gave her a broader knowledge of the work in the health field. In past years, the student nurse spent her entire time in one branch



of the public health service whereas now she develops an understanding of the visiting bedside nurse, the school nurse, the work of the nurse in well baby clinics, the follow-up work in connection with hospitals and so on.

To what extent are extra curricular activities encouraged in nursing schools? This subject was studied and thoroughly discussed at several meetings and in 1927 resulted in the forming of an inter-school organization of student nurses in Toronto. This organization is still quite active and has created a very friendly relationship between the nursing schools. An inter-school dinner is held annually and, to develop good sportsmanship, there are tennis and basket ball tournaments. Occasionally the Committee on Instruction arranges for an entertaining and educational evening for the Inter-school Group. One programme took the form of a playlet on tuberculosis entitled, "It need not have been".

Throughout the life of the Committee on Instruction many topics of great interest and value in the educational field have been studied and discussed. In this year of 1941-42, at the request of the

parent organization, an intensive study of national interest has been conducted on "uniformity in nurse registration examinations". There are only nine provinces in this great Dominion of ours but the variations in the examinations and methods of conducting these were found to be very numerous. What is to be done about this? What is the purpose of the registration examination? To examine the nurse on nursing is it not? Then on what subjects do we need to examine? Whatever our decisions may be, to quote from Professor Weir, the examinations must be "valid and reliable".

It is five years since the last meeting of the International Council of Nurses was held in London, England. The papers and reports presented by the various countries at that time were intensely interesting and are all the more so now. Read them again. When one stops to think, it is almost impossible to imagine what revolutionary changes will have taken place by the next meeting of that great organization. What part is nursing in Canada going to play in these great changes? Every individual must play her part. Instructors of nurses be on the alert.

### R.N.A.B.C. Sponsors Refresher Course

A refresher course, sponsored by the Vancouver Chapter of the Registered Nurses Association of British Columbia, was given in Vancouver to inactive nurses from September 28 to October 9, inclusive. Of the 170 nurses who applied, 141 completed the course of lectures, and 70 continued on to obtain 40 hours of supervised hospital practice. The lecture course consisted of 20 hours of lectures and demonstrations in general nursing care, newer drugs, recent medical and surgical advances, the principles of pediatric and obstetrical nursing, nutrition, and anaesthesia. The Schools of Nursing of St. Paul's Hospital

and the Vancouver General Hospital were most generous in extending their facilities, and allowing us to appoint, subject to their approval, paid supervisors to direct the hospital experience of the 70 nurses who took advantage of the offer.

Owing to capacity enrolment in this course, the Vancouver Chapter had felt it advisable to repeat it and to arrange again for hospital experience for those who have since felt the need to rally to the call. So, starting on November 16, the entire course was again presented.

FRANCES O. MCQUARRIE

*Convener, Refresher Course Committee*

## Canada Year Book, 1942

The 1942 edition of the *Canada Year Book*, published by authorization of the Hon. James A. MacKinnon, Minister of Trade and Commerce, is announced by the Dominion Bureau of Statistics. The *Canada Year Book* is the official statistical annual of the country and contains a thoroughly up-to-date account of the natural resources of the Dominion and their development, the history of the country, its institutions, its demography, the different branches of production, trade, transportation, finance, education, etc.—in brief, a comprehensive study within the limits of a single volume of the social and economic condition of the Dominion.

Chapter 1 deals with the natural features of the country. History and chronology, and constitution and government are dealt with in Chapters 2 and 3, while the composition of the population, vital statistics, and immigration statistics are to be found in Chapters 4 to 6. Chapter 7 is a general survey of production. Chapters 8 to 15, inclusive, give detailed treatments of production in the leading industries of the country. External trade is discussed in Chapter 16 and includes a study of the tourist trade of the Dominion and the balance of international payments. Internal trade as distinguished from external trade is examined in Chapter 17. Transportation and communications is the subject of Chapter 18 and Chapter 19 is concerned with labour, wages and cost of living.

Chapter 20 deals with prices of commodities and services with interest rates and import and export valuations. The public finance of Canada—Dominion, provincial, and municipal—is the universally interesting and important subject of Chapter 21, which also includes a treatment of national wealth and income. Finance, other than public, is dealt with in the next two chapters. Chapters 24 to 26 deal with education, public health and related institutions, and judicial and penitentiary statistics, respectively, and Chapter 27 with miscellaneous administration. The sources of official statistical and other information relative to Canada are given in Chapter 28, together with a list of the publications of the Dominion and Provincial Governments. The volume is carefully indexed, and includes several lithographed maps and many charts and diagrams.

Persons requiring the *Year Book* may obtain it from the King's Printer, Ottawa, as long as the supply lasts, at the price of \$1.50 per copy; this covers merely the cost of paper, printing and binding. By a special concession, a limited number of paperbound copies have been set aside for ministers of religion, bona fide students and school teachers, who may obtain such copies at the nominal price of 50 cents each but application for these special copies should be directed to the Dominion Statistician, Dominion Bureau of Statistics, Ottawa.

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### Recognition of Merit

The good news that E. Muriel McKee, superintendent of the Brantford General Hospital, Brantford, Ontario, has been elected first vice-president of the American Hospital Association will be greeted with enthusiasm by the nurses of Canada. For nearly twenty years, Miss McKee has been the extremely efficient superintendent of a very active hospital that enjoys the respect and confidence of the important community which it serves so well. We have every reason to be proud of the enviable reputation which our nurse administrators have built

up for themselves and this timely recognition of one of the ablest of them is most welcome.

It is also a pleasure to learn that Miss Priscilla Campbell, superintendent of the Public General Hospital, Chatham, and Rev. Sister Claire Maitre, superintendent of the Hotel Dieu Hospital, Windsor, Ontario, have both been admitted to membership in the American College of Hospital Administrators, hearty congratulations to both of them.



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## STUDENT NURSES PAGE

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### Puerperal Thrombosis

*A Study made by a group of Student Nurses*

*School of Nursing, Saskatoon City Hospital*

The general cause of puerperal thrombosis is infection. Puerperal infection acts in two ways: first by alteration of the blood predisposing the thrombi distant from the site of the disease, and second, the infection may spread along the veins or to the veins directly causing thrombosis. Usually this condition is the end result of infection in the uterus which causes thrombus in the veins of the pelvis and thrombi travelling upward to the heart or down to the lower extremities. When the infection travels downward, the limb becomes swollen and painful and the skin is tense and white, almost translucent. It is very tender to the touch. If this infection proceeds from the uterus and attacks the cellular tissue around the veins, the condition is known as phlegmasia alba dolens.

In Mrs. B's case, she noticed her right leg becoming very painful the day following her delivery and, on the second day, her left leg also became quite painful. There was very slight swelling but it must have been a low-grade infection as there was no tenseness of the skin or the white marble effect. There apparently was no direct infection of the uterus in this case as the subinvolution and lochia were normal and there was no elevation of temperature. This

infection may have come from the patient's teeth. They are very decayed and have been so for the past two years. Her last pregnancy was about two and a half years ago and, following that delivery, she had the same pain in her right leg only not as severe as at present.

The doctor ordered ichthyol ointment to be applied to the painful areas and the limb to be wrapped in lint. An electric cradle was kept over the patient's legs at all times and the heat kept on for alternate half-hours. This cradle kept the weight of the bed-clothes off the feet thus preventing any condition such as drop-foot developing. Heparin was given to the patient intravenously. This reduces the clotting time of the blood. The usual method of administration is intravenously in combination with physiological saline, in the strength of 1 c. c. to 100 c. c. of saline. The proper rate, and the number of days it is desirable for the administration to be continued, varies from case to case. Over-dosing must be carefully avoided, so competent handling must be ensured and frequent check must be kept on the blood-clotting time. At the beginning of heparin administration, Mrs. B's clotting time was 7 minutes and 45 seconds and slowly rose to 12 minutes.

Eventually, as the power of the blood to clot become lessened, the clots present in the blood stream are dissolved. Heparin was administered for 3 days at the rate of 24 c.c. per day which is considered an average dosage. The average length of administration is 12 to 14 days, overdosing being indicated by the clotting time exceeding 15 minutes. Heparin acts by preventing the conversion of prothrombin into thrombin.

Mrs. B. received this treatment for approximately one week and seemed to lose all symptoms of the inflammation. We tried to teach, through our nursing care, the hygienic habits which should be carried out at home such as the use of an antiseptic mouthwash to lessen the infection present in her mouth from decayed teeth and thus to prevent any recurrence of the condition. The patient was also informed of the free dental clinics which she could attend to have her teeth cared for.

This condition not only occurs in post-partum cases but may also occur during pregnancy. We recently admitted a patient whose diagnosis was thrombophlebitis. She is seven months pregnant and complained of tenderness over the femoral vein and pain in the calf of her leg. There is some swelling of the ankle and lower leg but no elevation of temperature and it is apparently a low-grade infection. This is an unmarried woman and her doctor suggests that there is a possibility of introduction of infection in the uterus by attempts to interfere with pregnancy. The treatment was hot fomentations to the entire leg and sulfathiazole in appropriate dosage. Nursing care in these cases is to keep the patient very quiet, preventing the movement of

the limb as much as possible. Under no circumstances is the limb to be massaged as this may cause a bit of the clot to break off thus causing an embolism. Special care is given to the pressure points to prevent bed-sores. Later on, when signs of inflammation are gone, the doctor may prescribe gentle massage. Thrombo-phlebitis is preventable by good pre-natal care starting in the first few months of pregnancy and good surgical technique being carried out during labour and careful technique in post-partum care. The prognosis may be quite serious but not usually fatal.

Femoral phlebitis or thrombosis is a complication usually occurring following operations on the lower abdomen. It may be due to a simple clotting of the blood in the veins, a result of insufficient circulation or of some obstruction to the venous return. When it is associated with some acute inflammation elsewhere in the body, such as appendicitis with peritonitis, an actual inflammation of the vein may also occur. The first symptom is usually a pain or cramp in the calf of the leg. A day or so later, a painful swelling of the entire leg occurs, often associated with a slight fever and sometimes chills and sweats. The swelling is due to a soft edema which pits easily on pressure. There is marked tenderness over the anteromesial surface of the thigh and the vein may easily be palpated. The utmost care must be given lest the clot be dislodged to form an embolus. Massage is definitely contraindicated and the leg is kept very still, elevated on pillows, flexed slightly at the knee and kept moist with compresses of saturated magnesium sulphate or Wright's Solution.



# Internal Medicine and the Student Nurse

D. M. BALTZAN, F.R.C.P. (C)

The beginner in her career as a nurse is confronted with many difficulties. Learning strange names of things is not one of the least of her troubles. Many terms in common usage cannot be clearly defined. They can only be explained in order to be understood. Internal medicine falls into this category. The word "medicine" is applied to the whole practice of recognized procedures in the healing art. The field is a very wide one and includes medicine, (in this sense a subdivision) surgery, midwifery, and allied specialties. When one states he practises medicine it may mean either covering the general field or limited to the division of medicine, which implies a restricted field. However, a simple explanation clarifies the meaning. It must be understood there is only an arbitrary boundary line separating the subjects included under medicine and surgery except in the classical conditions. The beginner should realize right at the start that these practices, medical or surgical, are complementary and not opposing schools of thought and procedure. The difference of approach, by surgical or medical means, depends only on the nature of the malady. A frank pneumonia never calls for surgery. A large clean cut in the flesh always requires surgical repair. Some conditions lend themselves to medical treatment, or surgical correction or both. The final decision is a matter of choice based on experience and judgment. It is not a compromise between deliberate and opposing points of view.

Ailments which are not strictly surgical or which do not belong to the surgical specialties are medical prob-

lems. Besides the terms "medicine" and the "division of medicine", there is also the term "internal medicine". Again, an exact definition of the latter cannot be made. The conception of that which is implied in the term "internal medicine" is conveyed in a passage written on this subject, with authority, by Dr. O. H. Perry Pepper: "When the mass of information and of technic grows so large that it can no longer be included in the general knowledge of the practitioner; then it is allotted to that certain group who willingly learn this at the cost of all else". In other words, greater expertness and more profound knowledge in the division of medicine becomes a prerequisite.

That degree of special knowledge in this branch of the practice of medicine is not required of the student nurse or the graduate nurse. Every nurse must have a working knowledge of the maladies covered by the subject so that she may competently apply her acquired skill in the nursing care of the patient. She does not need to possess even a condensed pocket-book edition of all the data of an ailment. Unfortunately, this is what most textbooks on medical nursing set out to give her. In our schools for the training of nurses, the aim is to give the pupil a comprehensive understanding of the principles involved in the course and management of most diseases commonly met. The object is to introduce the student to, and familiarize her with, the main illnesses and help her understand the process by reasoning rather than by implanting an encyclopaedic accumulation of information committed to memory.

It is necessary for the nurse in at-

tendance to understand the type of ailment for which the patient is under treatment. Otherwise a trained attendant who can read a thermometer, count the pulse-rate, serve the prescribed food and medicine and make the patient comfortable is quite sufficient. There is, by the way, an increasing demand for this type of service and provision for it will evolve in our scheme of things to come. But the trained nurse today is being prepared to act as a collaborator in the management of the sick and ailing. Amongst other things, she is expected to make and chart her observations. She does not advise or make recommendations if she recognizes her limitations—and proverbially, if she knows what is good for her! Her knowledge of the patient's progress and her ability to recognize foreboding signs helps greatly in directing the future course and the ultimate outcome of the illness.

Nurses specialize by post-graduate study to become skilled in surgical technique, pediatrics, obstetrical practice, and public health nursing. Choosing to specialize and the choice of specialty is a matter of inclination, aptitude, and love for a particular field. Sometimes, perhaps, it is a matter of the line of least resistance. The former motive is the only one enduring, the latter is "stale and unprofitable". It is regrettable if there should be a lack of interest on the part of any recent graduates in the "medical" illnesses. The sick man with a bad heart, the lingering kidney disease of a child with scarlet fever, and the exhausted mother who is a physical wreck are to some not attractive "cases". To watch the dramatic recovery from shock in an acute hemorrhage, or to watch the return

to normal of unconsciousness induced by the administration of an anaesthetic for the purpose of an operation is more exciting.

In reality the acute and trying lengthy illnesses are a challenge to the soundness of one's knowledge, initiative, resourcefulness, patience and endurance. If the nurse's enthusiasm is lacking and the illness seems unattractive it may be traced to a lack of appreciation of the processes at play in the battle for health. If the nurse comprehends the difficulties encountered in the diagnosis, the obstacles that crop up in treatment, the threat of imminent complications, the uncertainties about recovery and if she is aware of the disabilities that may follow, there is enough in all of this to keep her absorbed. Omitting this, she cannot even be an enthusiastic "fan" and feelingly cheer the winner.

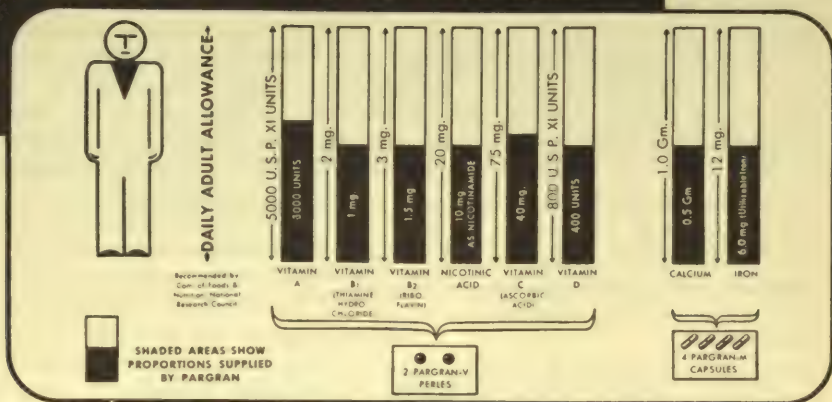
That is largely the answer to the question why so much time is spent in teaching the nurse "things which she does not use". The purpose is to use this knowledge as intended. If she fails to make use of much that she is taught she may still be a competent servant but she is not an intelligent helper. A thorough knowledge constantly employed is to her advantage. It is her only source of inspiration outside of her charitable deeds. Otherwise boredom and monotony overtake her. She must persevere or she will soon look for the spectacular to keep her spirits buoyed. That escape is only superficial because the student who chooses to play the role in life along the side of the sick and needy enters the profession with a serious frame of mind. For a less exacting occupation, there are other equally useful pursuits.



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## Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

*Miss Jessie M. Beard*, a graduate of the Guelph General Hospital and of the course in public health nursing, University of Toronto, has been appointed to the Toronto staff.

*Miss Jean Gilbert*, *Miss Dorothy E. Speck*, and *Miss Jessie Wallace*, all graduates of the Toronto Western Hospital and of the course in public health nursing, University of Toronto, have been appointed to the Toronto staff.

*Miss Marion E. Scholfield*, a graduate of the Hamilton General Hospital and of the course in public health nursing, University of Toronto, has been appointed to the Toronto staff.

*Miss Jean Maxwell*, a graduate of the Ottawa Civic Hospital and of the course in public health nursing, University of Toronto, has been appointed to the Burnaby staff.

*Miss Florence Bell*, a graduate of the Victoria Hospital, London, and of the course in public health nursing, University of Western Ontario, has been appointed to the East York staff.

*Miss Elizubeth Lighthall*, a graduate of the Vancouver General Hospital and of the course in public health nursing, University of British Columbia, has been appointed to the Vancouver staff.

*Miss Helene Decary*, a graduate of the Sacred Heart Hospital, Cartierville, and of the course in public health nursing, University of Montreal, has been appointed to the Lachine staff.

*Miss Jean McKenzie*, a graduate of St. Joseph's Training School, London, has been appointed temporarily to the London staff.

*Miss Bessie Bailie*, a graduate of the Ottawa Civic Hospital, has been appointed temporarily to the Kingston staff.

*Miss Audrey McGivney*, a graduate of St. Joseph's Hospital, Toronto, and of the course in public health nursing, University of Toronto, has been appointed to the Kitchener staff.

*Mrs. Colombe Jutras*, a graduate of St. Mary's Hospital, Timmins, has been appointed temporarily to the Timmins staff.

*Mrs. D. Harrison* (Dorothy Cotton), who resigned from the Westbank Branch in March 1941, has been re-admitted to the Order and has been appointed nurse-in-charge of the Saskatoon Branch.

*Mrs. Langler* (Edith Richardson) who resigned in August 1940 to be married, has been re-appointed to the Timmins staff.

*Miss Jean Myles*, previously on the staff, has been appointed nurse-in-charge of the Timmins branch.

*Miss Gladys Hergett*, a graduate of the Foramingham Union Hospital, has been appointed temporarily to the Halifax staff.

*Mrs. Elliott* (Lucille McAllister), who resigned this February to be married, has been re-appointed nurse-in-charge of the Westbank Branch.

*Miss Eileen Black* has resigned from the Vancouver staff.

*Miss Grace J. Noble*, *Miss Agnes O'Driscoll*, and *Miss Bessie Harris* have resigned from the Vancouver staff and are serving with the R.C.A.M.C. Nursing Service.

*Miss Minnie Sutherland* and *Miss Laura Wheelband* have resigned from the Hamilton staff and are serving with the R.C.A.M.C. Nursing Service.

*Miss Madeline Smith* has resigned from the Hamilton Branch to take a post-graduate course in public health nursing.

*Miss Frances Pearl* and *Mrs. M. R. Beavis* have resigned from the Montreal staff to do other work.

*Miss Elsie Cropper* has resigned from the Border Cities staff and has accepted a position as school nurse in London, Ontario.

*Miss Fern Barker* has resigned as nurse-in-charge of the Stratford branch and is serving with the R.C.A.M.C. Nursing Service.

*Miss Jean Whiteford* has resigned as nurse-in-charge of the Saskatoon branch and has accepted a position with the Air Observer School in Winnipeg.

*Miss Mary E. Roberts* has resigned from the Toronto staff and has accepted a position with the Civil Service.



**WANTED**

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is \$75 a month, with full maintenance.

Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, **Royal Edward Laurentian Hospital (Ste. Agathe Division)**, Ste. Agathe des Monts, P.Q.  
(Formerly — *The Laurentian Sanatorium*)

**WANTED**

Applications are invited from Registered Nurses for General Duty in the Ottawa Protestant Children's Hospital. The salary is \$60 per month, with full maintenance. Apply to:

Ottawa Protestant Children's Hospital, 635 Rideau St., Ottawa, Ont.

**WANTED**

Registered Nurses are required for charge and general duty by January 1, 1943, on Medical and Surgical Floors. Apply to:

General Hospital, Cornwall, Ontario.

**WANTED**

A fully qualified Public Health Nurse is wanted for tuberculosis follow-up work at the Sanatorium in Fort William, Ontario. Duties are to start on January 1, 1943. Further information may be obtained on application to:

Mrs. F. A. Sibbald, 406 S. Norah St., Fort William, Ont.

**WANTED**

Applications are invited for the position of Class Room Instructress for a 100-bed Hospital. Apply, giving qualifications, experience, and salary expected, to:

The Superintendent, General Hospital, Dauphin, Manitoba.


**WANTED**

A Night and Day Supervisor is required at once for a 60-bed Maritime Hospital, with training school.

An Instructor, who will be assistant to the Superintendent, is also required. Duties are to commence on January 1.

State training, experience, references, age, religion, and salary expected, when applying in care of:

Box 3, The Canadian Nurse, 1411 Crescent St., Montreal, P. Q.



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**COLDS, BRONCHITIS,  
WHOOPIING COUGH**

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### WANTED

A Superintendent is wanted for a small hospital in New Brunswick. Applicants must be graduate registered nurses. State age, experience, and salary expected when applying to:

Board of Trustees, James Hamet Dunn Hospital, West Bathurst, N. B.

*Miss Vera Allen* has resigned from the Toronto staff and is attending the United Church Training School for Deaconesses.

*Miss Almeda Hincks* has resigned from the Toronto staff.

*Miss Lillian Lawder* has resigned as nurse-in-charge of the Cobalt branch and has accepted a position with the Department of Health in Fort Francis.

*Miss Helen Waring* has resigned from the Vancouver staff and is serving with the R.C.A.F. Nursing Division.

*Miss Phyllis Bronson* has resigned from the Cornwall staff and has accepted a position with the Department of Public Health, East York.

*Miss Florence Greenaway* has resigned as nurse-in-charge of the Timmins branch and is on leave of absence from the Order to take the post-graduate course in supervision at the McGill School for Graduate Nurses.

*Miss Dorothy King* has resigned from the Kitchener staff and is on leave of absence from the Order to take a post-graduate course in public health nursing.

*Miss Helen Ferguson* has been transferred as nurse-in-charge of the Yarmouth branch to take charge of the branch in North Bay.

*Miss Bessie Seaman* has been transferred from the Montreal staff to take charge of the Moncton branch.

*Miss Dorothy Bluhm* has been transferred as nurse-in-charge of the Smiths Falls branch to the Winnipeg staff.

*Miss Mary Wade* has been transferred from the Victoria staff to the Vancouver staff.

*Miss Ellen Linton*, who was temporarily nurse-in-charge of the Amherst Branch, has been transferred to the Smiths Falls branch as nurse-in-charge.

*Miss Marjorie Scarr* has been transferred from the Fredericton branch to be nurse-in-charge of the New Glasgow branch.

*Miss Elizabeth Aylward* has been transferred from the Sudbury branch as nurse-in-charge to take charge of the branch in Campbellton.

*Miss Frederica Johanneson* has been transferred from the Ottawa staff to the Winnipeg staff.

*Miss Arlie Wright* has been transferred from the staff in Porcupine to the Ottawa staff.

*Mrs. Donald Gillett* has been transferred from the Woodstock (Ontario) staff to the Hamilton staff.



# NEWS NOTES

## ALBERTA

### EDMONTON:

#### *University of Alberta Hospital:*

At the opening meeting of the Alumnae Association of the University of Alberta Hospital the following officers were elected to serve during the coming year: President, Miss A. Whybrow; vice-president, Miss B. Fane; treasurer, Miss M. Baxter; corresponding secretary, Mrs. N. E. Alexander; recording secretary, Miss D. Russell; social committee: Miss F. Beddome (convener), Miss I. Sloane, Mrs. N. E. Pound, Miss I. Revell.

Twenty-five dollars was voted towards sending parcels to graduates of the University Hospital who are on active service in England and Africa. Miss I. Sloane is the convener. Miss H. McArthur gave a report of the committee in charge of furnishing a rest room for the graduates at the Hospital. An interesting address was given by Miss J. Cogswell on her visit to Montreal to attend the C.N.A. convention.

## BRITISH COLUMBIA

### VICTORIA:

The Victoria Chapter, R.N.A.B.C., recently conducted a refresher course for inactive nurses. The teaching facilities of both St. Joseph's and the Royal Jubilee Hospitals were placed at the disposal of the Chapter. One hundred and fifteen enthusiastic women from Victoria and other centres on Vancouver Island attended the thirty-two hour course of lectures and demonstrations. The topics were as follows: new drugs, Miss D. Colquhoun; nutrition, Miss M. Lawrence; medicine and surgery, Sister Mary Claire; pediatrics, Miss C. Cockell; obstetrics, Miss H. Saunders; demonstrations of procedures and new treatments, Sister Mary Claire, Miss E. Nelson, Miss B. McKinnan, Miss L. Anderson, and Miss J. Dengler. As an adjunct to the course, supervised hospital experience is being arranged for those members of the class able to avail themselves of the opportunity. Sixty nurses have signified their intention to take this further work. Miss M. Dickson at the Royal Jubilee Hospital, and a graduate of St. Joseph's at St. Joseph's Hospital, will guide the activities of this group.

### VANCOUVER:

A general meeting of the Vancouver Chapter, R.N.A.B.C., was held recently at

DECEMBER, 1942

## New *under-arm* Cream Deodorant *safely* Stops Perspiration



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**ADMINISTRATION AND  
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IN PUBLIC HEALTH  
NURSING**

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(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

St. Paul's Hospital. Miss A. E. Jamieson, the president, was in the chair, and 50 members were present. Miss F. McQuarrie, convener of the refresher course committee, gave an encouraging report of the interest being taken in the proposed series of lectures. Miss M. Gray gave a report on A. R. P. work and encouraged private duty nurses to volunteer for duty in the posts. Most interesting reports were given by Miss M. Duffield and Miss L. Creelman of the General Meeting of the C.N.A. held in Montreal. Miss Duffield gave the highlights of the General Nursing Section and Miss Creelman gave a resumé of the Public Health Section, followed by coloured slides showing the Jeanne Mance uniform worn by the Alumnae Association of the Hotel-Dieu on special occasions.

#### OKANAGAN DISTRICT:

The following officers were elected at the first district meeting of the Okanagan District: president, Miss E. S. McVicar, Vernon; vice-president, Mrs. L. Bennisson, Revelstoke; secretary, Miss E. L. Williamson, Vernon; treasurer, Miss K. Dumont, Tranquille; conveners of sections: Public Health, Mrs. Martin, Vernon; General Nursing, Miss M. Erlandson, Vernon; Hospital and School of Nursing, Miss E. Davis, Kamloops.

#### NOVA SCOTIA

##### KENTVILLE:

A regular meeting of the Valley Branch, R.N.A.N.S., was held recently at the Nova Scotia Sanatorium, with Mrs. Paul Webster presiding. An interesting talk was given by Dr. Eagles on statistics on maternal mortality from a recent survey.

Married: Recently, Miss Thelma E. Beck (C.M.H., 1941) to Mr. Charles Sangster.

#### ONTARIO

*Editor's Note:* District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, 135 St. Clair Ave. W., Toronto.

##### DISTRICT 1

##### LONDON:

The Fall meeting of District 1, R.N.A.O., was held recently at the Victoria Hospital,



London. The executive committee met in the morning with Mrs. C. I. Salmon presiding, after which a delightful luncheon was served by Miss Hilda Stuart, superintendent of nurses, and her staff. The general meeting opened with the singing of "O Canada", followed by the Lord's Prayer. The reports of the Sections were very interesting, especially that of General Nursing, given by Miss Helen O'Mahoney. A copy of this report was sent to all Alumnae Associations in the District.

Miss Mildred Walker, president of the R.N.A.O., spoke of the contingency fund being established by the provincial body, quoting the need and the uses that it would be applied to. Mrs. C. I. Salmon reported on the General Meeting of the C.N.A. held in Montreal. Dr. Christian Sivertz, of the University of Western Ontario, was heard in a most interesting address on the significance of science in the present world struggle. Following the afternoon session, the Victoria Hospital Alumnae Association entertained the delegates at a wartime tea.

Miss Priscilla Campbell, superintendent of the Public General Hospital, Chatham, and Rev. Mother Maitre, superintendent of Hotel Dieu Hospital, Windsor, have been awarded membership to the American College of Hospital Administration.

### DISTRICTS 2 AND 3

#### BRANTFORD:

The nurses of Districts 2 and 3, R.N.A.O., held their annual meeting at the Brantford General Hospital, on October 20, with 85 nurses present. Greetings were brought by Mayor Ryan and Dr. Rudolph, president of the Brant County Medical Association.

Dr. E. Harris gave a very informative lecture on surgical shock, discussing the liberation of potassium into the blood stream and the resulting conditions, the loss of blood protein in the oozing of serum from burns and many more interesting points.

Industrial nurses are playing such an important part in Kitchener-Waterloo that they have organized as a group under the Public Health Section, meeting once a month in the different "hospitals" of the factories, where they discuss their common problems.

The following officers were elected for the coming year: chairman, Mrs. K. Cowie, Freeport; first vice-chairman, Miss L. Trusdale, Simcoe; second vice-chairman, Miss M. Hackett, Ayr; secretary-treasurer, Miss H. Muir, Brantford; convenors: General Nursing Section, Miss M. McKenzie; Public Health Section, Miss M. Thom; Hospital and School of Nursing Section, Miss M. Watson.

Public health nurses held their semi-annual supper meeting at the Iroquois Hotel,

DECEMBER, 1942



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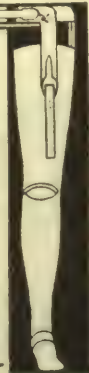
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Galt, with an attendance of 33. A demonstration of the Kenny method of treating poliomyelitis was given by Miss M. Blackwood of the Hamilton General Hospital. Ten of the members of the staff of the Galt Hospital and the Alumnae Association availed themselves of the invitation to attend the demonstration.

### DISTRICT 5

#### TORONTO:

District 5, R.N.A.O., recently held a meeting which taxed the capacity of the large assembly hall of St. Michael's Hospital. More than 250 persons were present. The afternoon session was given over to business and reports were received from all committees and the outlying Chapters of Barrie and Oshawa.

From six to eight o'clock the meeting broke up into small parties and made their own plans for supper. One group was observed eating a Chinese meal with chopsticks and a Chinese interne and a nurse who has spent some time in China were trying to perfect the technique of the group. We all came back refreshed and looking forward to an interesting evening.

Miss Stella Sewell as "Quiz Master" had arranged a group of nursing experts to answer questions designed to clarify the multiplicity of nursing endeavours and to fit all these into the program of the R.N.A.O. When we mention the names of these experts you will realize that they are some of the nurses who are shaping the history of nursing during this present crisis. Among them were Miss Edna Moore, in her capacity of nurse consultant to the C.D.C. for Ontario; Miss Elsie Hickey, chief nurse warden for Toronto; Miss Madalene Baker of London, registry organiser; Miss Jean Mitchell, convener of the emergency nursing registration; Mrs. A. J. Bromley of the St. John Ambulance Corps, and Miss A. M. Munn, inspector of training schools for the province.

The speakers were Miss Elvira Manning, representing the Red Cross, on the blood donors clinic and registration of nurses for war and disaster; Miss Margaret Dulmage on the refresher course now in progress for married and retired nurses; Mrs. George Hannah of the Red Cross on the nursing reserve; Mrs. Maria Martin on the training of nurses' aids; Miss Matilda Fitzgerald, provincial secretary-treasurer of the R.N.A.O., on financial assistance, further education in nursing and the part of this organization in calling nurses for military service. Miss Moore, in summing up, stated that members of this organization are part of the International Council of Nurses and it is a privilege and duty in Canada to keep



the lamps of learning burning for those countries where organized nursing activities are not functioning. Dr. Frank Scott made a very strong appeal, as guest speaker, for the third Victory Loan. Miss Kathleen McNamara, chairman of the District, gave a splendid report of the General Meeting of the C.N.A. in Montreal.

### *Toronto Western Hospital:*

A regular meeting of the Toronto Western Hospital Alumnae Association was held recently with the president, Mrs. Douglas Chant, in the chair, and a fairly large number of members in attendance. Mrs. Chant gave an interesting report of the C.N.A. Biennial Convention held in Montreal. Dr. Robert Laird, F.R.C.S., of the University of Toronto, spoke on the modern developments in surgery, giving the modern surgical treatment for fracture of the neck of the femur, ankylosed hip, sciatica, and chest surgery.

### DISTRICT 6

#### BELLEVILLE:

The Dr. Emma Connor Memorial Children's Ward has recently formally presented to the Women's Christian Association and the Belleville General Hospital by the Alumnae Association. This is a memorial to perpetuate in the minds of the citizens of Belleville the memory of one whose life was devoted to the care of others, especially little children. The members of the Alumnae Association have been zealously working over a period of years to raise funds for this enterprise and, in the completion of the furnishings and equipment of the ward, they have achieved a memorial worthy of one so honoured. Those attending were officers and members of the Alumnae Association, including the president, Mrs. Howie, and the past president, Nursing Sister Rita Fitzgerald, Kingston; Dr. James Semple, who officiated at the dedication; Mrs. W. C. Mickel and Mrs. J. R. Abrams, representing the Women's Christian Association; Mr. Mackenzie Robertson, chairman of the Board of Governors; Mr. Gordon Barclay, acting administrator of the Hospital; Dr. A. C. Locke, president of the Hospital Medical Board. Honoured guests were Mrs. W. Northcott, Mr. Northcott, Miss Dorothy Connor, Mr. William Connor, Miss Grace Connor and Miss Ina McCauley.

### DISTRICT 7

#### BROCKVILLE:

Recent enlistments in the Nursing Service

DECEMBER, 1942

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- To maintain calcium balance

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The first book to deal specifically with the clearly defined technics established through the development of modern psychiatric medicine. \$2.50.

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of the R.C.A.M.C. include the following graduates of the Brockville General Hospital: Viola Allan, Isobel Beveridge, Doris Warren, Ferne Kennedy, Helen McLean, Betty Rothwell, Nora Ormerod, and Dorothy Shaver.

A very successful dance was held recently and the proceeds in part were given to the Blood Donor Clinic of the Brockville Red Cross for the purchase of chairs in the rest room of the clinic.

Miss Laura Logan (1933) is taking a course in x-ray work in Montreal and Miss Laura Johnson (1938) is taking a course in teaching at the School of Nursing of the University of Toronto.

The following marriages have recently taken place: Evelyn Vickers (1938) to Sgt. Everett Snider; Isabel Miller (1942) to Donald Ball; Helen Taylor (1942) to Sgt. Stanley Leslie; Doris O'Malley (1942) to Cpl. Gordon Lunman; Phyllis Race (1937) to Earle Saunders; Nora Louch (1938) to Lieut. Edward Raymond Sutton, R.C.A.; Julia Cranston (1937) to Rflm. Wesley Lewis; Florence Southin (1935) to Fred Blackwell; Vera Davis (1936) to Clarence Babcock; Madeline Donald (1926) to Howard Bishop.

### DISTRICT 8

#### *Ottawa Civic Hospital:*

The following nurses have been appointed to the Nursing Service of the R.C.A.M.C.; Reta Seely, Margaret McDiarmid, Helen King, Violet Shea, Kathleen Hitching, Elsie Dunnett, Helen Rath. The following nurses have been appointed to the Nursing Service of the Royal Canadian Navy: Orlo B. MacInnes, Hilda Smith, Grace White, Beryl Collins, Mabel Lightfoot. Miss Eileen Armstrong has been appointed to the Nursing Service of the R.C.A.F.

Miss Bessie Jackson has been appointed as public health instructor in the Ottawa Civic Hospital and Mrs. Parsons (Alma Lindsay) has returned to the staff as ward supervisor. Mrs. Marylka Paetzel, Miss Elizabeth Fraser, Miss Dorothy Fraser, and Mrs. Miles (Madeline Swanton) have also been appointed to the staff.

Mary Spratt is giving anaesthetics in Watertown, N.Y. Vivian Kerr is doing private duty in Watertown, N.Y. Joyce Morrison is doing general duty in the Toronto Western Hospital. Bessie Bailey is on the V.O.N. staff at Kingston. Marjorie Wiber is doing general duty at the Vancouver General Hospital. Jean Maxwell is on the staff of the V.O.N. in Burnaby, B.C. Mrs. Moulder (née Cook, 1940) is on general duty at the Vancouver General Hospital. Mildred Brown (1942) is taking the public



health course at the School of Nursing, University of Toronto.

The following marriages have recently taken place: Kathleen Armstrong to James Graham; Elizabeth Penny to Arthur G. Downing; Joyce Stevens to Garnet McElroy; Jean Cameron to C. E. A. McNeill; Constance Wilcox to Richard Turley; Mary Steen to Dr. Don Caldwell; Marjory Frausel to Willard Menard; Lilli McEwan to D. W. Munro; Mona Ashton to Bert Patterson; Lois Kerslake to W. C. Hodgson; Laura Touzel to Dr. John Patton; Ethel Campbell to Gordon Moffatt; Leah Seigal to Mr. Mandel; Mary Egan to Dr. Grant Breckenridge; Myrtle Phillpot to Mr. Rehfus; Beatrice McCaul to Carson MacDonald.

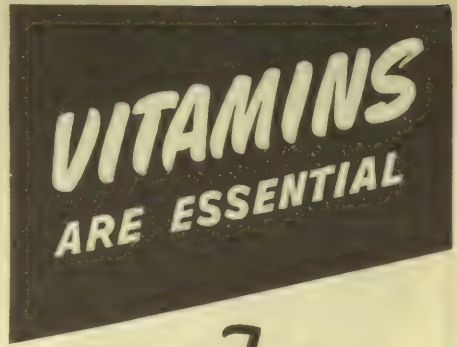
### QUEBEC

#### MONTREAL:

##### *Montreal General Hospital:*

Miss Allison Fraser (1942) and Miss E. Williams (1941) have been accepted as Nursing Sisters with the American Navy. Miss Doretta Reid (1940) has been accepted as a Nursing Sister with the Royal Canadian Navy. Miss J. Pugh and Miss E. V. Dixon (1942) have accepted positions on the staff of the Central Division. Miss Frances Sweezey, Miss M. B. Sweltzer and Miss R. Blackstock (1942) are on the staff of the Arvida Hospital. Miss M. E. F. Clunie (1939) has resigned from the staff of the Arvida Hospital. Miss Vivian Crouse (1942) is taking a post-graduate course at the Alexandra Hospital, and Miss M. C. Wallace (1939) has accepted a position on the staff of that hospital. Miss Elsie Schroeder (1942) has been appointed to the staff of the metabolism department of the Western Division. Miss M. E. Morrison (1942) has accepted a position on the staff of the Shawinigan Falls Hospital. Miss O. B. Johnson, Miss I. Johnston, Miss K. Hayward and Miss Hilda McLeod are doing floor duty at the Western Division. Miss Margaret Browne (1940) has resigned from the nursing staff of the Central Division and is engaged in the physiotherapy department. Miss Margaret McDonald (1939) and Miss Frances Fraser (1941) are taking a post-graduate course in obstetrics at the Lying in Hospital, Chicago. Miss O. C. Montgomery (1940) has resigned from the staff of the Central Division. Miss Hilaire Little (1940) has been appointed Nursing Sister with the R.C.A.M.C. Miss Elizabeth Ross (1939) has been appointed as Nursing Sister with the Royal Canadian Navy and is attached to the Allied Seaman's Hospital, Newfoundland.

The sympathy of the Alumnae Association is extended to Mrs. J. F. Carr (Eardley Wilmont, 1938) on the death of her hus-



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band, Leading Aircraftman J. F. Carr, R. C.A.F.

The following marriages have recently taken place: A. B. Craig (1939) to Robert Harvey; A. H. Seivewright (1940) to John Miller; Marion Scott (1939) to Mr. Dunlop.

### Royal Victoria Hospital:

The residence of the late Mr. Charles Meredith has been given to the Hospital and is being converted into a nurses home for graduates.

Word has been received of the safe arrival in England of Nursing Sisters Bernice Bigley, Isabel Dickson, and Janet Ledingham. Nursing Sister Lilla Wright is with the Canadian Naval Hospital in Scotland.

Miss Elizabeth Fraser has returned to the V.O.N. after taking the public health nursing course at the McGill School for Graduate Nurses. Mrs. Kahr (Patricia Byrnes) is on the staff of the Metropolitan Nursing Service in Vancouver. Miss Elizabeth Lyster is with the V.O.N. in Dundas, Ontario. Miss Electa MacLennan has been appointed V.O.N. supervisor of the Maritime Provinces. Miss Mary Russell has been appointed head nurse on the third floor of the Ross Pavilion, and Miss Margaret Darling has joined the staff of the out-door department.

The following marriages have recently taken place: Marjorie Gruer (1938) to Flying Officer Fred Battison; Marjorie Fanjoy (1941) to Dr. William Hewson; Muriel Kelly (1941) to Duane Barr.

### McGill School for Graduate Nurses:

Recent visitors to the School included Mrs. M. Keir MacGougan (Margaret E. Dixon, T. & S., 1940), Isobel M. Cation (T. & S. 1939), and Ray McKenzie (P.H.N., 1942).

Married: Recently, Margaret G. Scarratt (T. & S., 1941) to Dr. James Addison McCoubrey.

### QUEBEC CITY:

### Jeffery Hale's Hospital:

The first business meeting of the Fall of the Alumnae Association of Jeffery Hale's Hospital was held recently. A resumé of the highlights of the C.N.A. Convention held in Montreal was given by Miss Fischer. All members had the pleasure of looking at an interesting scrapbook which Miss Fischer had made of items collected at the Convention.

At a recent meeting of the Alumnae Association it was reported that we had collected \$380 for the British Nurses Relief Fund, and that \$75 of this amount had



already been sent to England. Christmas parcels have been sent to our twelve nurses who are serving overseas.

The members of the Alumnae Association were recently given an interesting lecture by Dr. Memorian Sheehy, former rector of St. Joseph College, University of Alberta, and professor of English in the De la Salle Institute of Foreign Languages, Sendai Second High School and Fukusima High Commercial School. Dr. Sheehy has recently returned from Japan.

Miss Stella Reid and Miss Shirley Roberts (1941) are doing general duty work on the staff of the Alice Hyde Hospital, Malone, N.Y.

### Representative Women

Some time ago, the General Federation of Women's Clubs in the United States asked the Women's Committee on International Relations to prepare a list of representative women in Canada. With the co-operation of the editors of the women's pages in newspapers, throughout the Dominion, twenty-three names were selected. These women are active in many fields, including education, politics, journalism, authorship, social service, and even the designing of airplanes. But the name that leads all the rest is that of a nurse—Lt. Col. Elizabeth L. Smellie, C.B.E., R.R.C., L.I.D. and very proud we are of her. It is a real satisfaction to note that Ethel Johns, editor of *The Canadian Nurse* is also mentioned among this group of representative women of Canada.

—M.L.

### M.L.I.C. Nursing Service

Miss Claire Champagne (Ste. Justine Hospital, Montreal, 1938, and University of Montreal public health nursing course, 1941) was recently appointed as a Metropolitan nurse to the Mount Royal Staff, Montreal.

Miss Louise Simoneau (Notre Dame Hospital, Montreal, 1927) was recently transferred from the Quebec City Nursing Staff to Jonquière, P. Q.



A time-proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 years of ever-increasing use speak highly for their effectiveness.

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## . . . OFF . . . DUTY . . .

Not long ago we were in a dining car on a Canadian transcontinental train rushing along the cliffs which overhang Lake Superior . . . Our table was at the end of the car and so we had a good view of our fellow travellers . . . A goodly company they were, too . . . members of the Air Forces of Britain, Canada, New Zealand and Australia . . . sailors from the Royal Canadian Navy . . . three scarlet-coated Royal Canadian Mounted Police . . . Then, to make the roster complete, in came five soldiers of our Canadian Army . . . The steward put four of them at the only empty table . . . and the fifth was rather unwillingly induced to sit opposite us . . . He was a strapping handsome lad of about twenty and evidently a bit shy of talking to strangers . . . but when he found out that we knew that Langenburg was not far from the Assiniboine River . . . he thawed out considerably and told us he had never been out of Saskatchewan in his life . . . Now he was on his way to a military camp at North Bay . . . "Lots of bush around here" said he . . . "Seems strange after the prairie . . . We had a wonderful harvest this year . . . pretty near made us forget the drought . . . the garden did well too . . . mother and the girls put up enough vegetables to last the winter . . . they had tomatoes ripening on all the window sills . . . the frost nearly got them" . . . We asked him how he liked life in the Army and he said it was alright when you got used to it . . . "At first I felt bad because I wasn't as smart as those Air Force boys . . . but when I found out that the Army needed men who know about machinery and horses I felt better" . . . He said he had owned his own quarter-section of land since he was eighteen . . . "Dad is going to try and keep things going while I'm away . . . but it's hard on the old man . . . he can't hire anyone to help him . . . I broke my land myself and it was tough going . . . no tractor, only an old ox and he was pretty thin because we hadn't much feed that year" . . . The waiter brought him his meal and he ate it quickly and cleanly like a healthy animal . . . A Royal Canadian Air Force officer came by wearing a purple and white ribbon on his tunic . . . "He's the one who was in the news-reel" said the lad from Saskatchewan . . . "Flew over Berlin, but he's a good guy . . . doesn't put on any dog . . . he knows he's lucky to have such a good education" . . . Suddenly a queer thought popped into our mind . . . Perhaps this was our party . . . Perhaps we were paying for the hearty dinner the boy from Saskatchewan was just finishing . . . Perhaps the R.C.A.F. officer was our guest without his knowing it . . . We looked round the car and did some mental arithmetic . . . Yes, the deductions from our last few salary cheques would just about pay for the good meal they were all eating . . . soldiers, sailors, airmen, mounted police . . . laughing and talking like a lot of school boys . . . it did one's heart good to look at them . . . We feel a lot better about our income tax now . . . —E. J.



# Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U.S.A.

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Saskatchewan Registered Nurses Association (Incorporated 1917)

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#### A.A., Vancouver General Hospital, Vancouver

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#### A.A., Royal Jubilee Hospital, Victoria

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### MANITOBA

#### A.A., St. Boniface Hospital, St. Boniface

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#### A.A., Children's Hospital, Winnipeg

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#### A.A., Winnipeg General Hospital, Winnipeg

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#### A.A., Saint John General Hospital, Saint John

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#### A.A., L. P. Fisher Memorial Hospital, Woodstock

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#### A.A., Glace Bay General Hospital, Glace Bay

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#### A.A., Halifax Infirmary, Halifax

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#### A.A., Victoria General Hospital, Halifax

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## A.A., Brantford General Hospital, Brantford

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## A.A., Brockville General Hospital, Brockville

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## A.A., Public General Hospital, Chatham

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## A.A., St. Joseph's Hospital, Hamilton

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#### A.A., Ontario Hospital, London

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#### A.A., Ottawa Civic Hospital, Ottawa

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#### A.A., Ottawa General Hospital, Ottawa

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#### A.A., St. Luke's Hospital, Ottawa

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#### A.A., Owen Sound General and Marine Hospital, Owen Sound

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#### A.A., Nicholls Hospital, Peterborough

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#### A.A., Sarnia General Hospital, Sarnia

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#### A.A., Stratford General Hospital, Stratford

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#### A.A., St. Thomas Memorial Hospital, St. Thomas

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#### A.A., The Grant Macdonald Training School for Nurses, Toronto

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#### A.A., Hospital for Sick Children, Toronto

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# THE CANADIAN NURSE

## Index to Volume 38

January-December 1942

The material in this index is arranged under subjects, authors, and titles. Titles are given in full with the author's name.

The page numbers included in each issue of Volume 38 are shown below.

---

January .....	pp. 1—72	July .....	pp. 449—520
February .....	pp. 73—144	August .....	pp. 521—592
March .....	pp. 145—216	September .....	pp. 593—748
April .....	pp. 217—288	October .....	pp. 749—824
May .....	pp. 289—360	November .....	pp. 825—900
June .....	pp. 361—448	December .....	pp. 901—984

---

Abernethy, C.A.S., A day's work in Newfoundland, 487  
Acute otitis media (Campbell), 167  
Ahern, A., Health insurance and nursing service, 706  
Albert, A., Giroux, S., and Johns, E., Travaillons ensemble, 330  
Albert, Sister St., The head nurse as clinical teacher, 681  
Alder, E., Correlation of classroom teaching and clinical experience, 684  
Anderson, B., Post-graduate clinical experience, 659  
Anderson, B., Report of the committee on syllabus for training voluntary aid detachments, 714  
Anderson, B., Report of Hospital and School of Nursing Section, 698  
Anthrax (Knaggs), 553  
Armour, R. G., Fever therapy, 92

### Articles in French:

Ecole d'Infirmières Hygiénistes, 794  
Hygiène familiale, 112  
Rapport de Co-aviseur en nursing d'urgence (Giroux), 645  
Rapport de la section d'hygiène publique (Martineau), 696  
Travaillons ensemble (Albert, Giroux and Johns), 330  
Une visite chez Jeanne Mance en 1672 (Godbout), 558

At work in an Indian school (Stewart), 115  
Autumn comes in Aklavik (Rundle), 838

Bailey, L., Nursing care of patients undergoing chemotherapy, 837  
Baker, M., Preparation for the general practice of nursing, 668  
Baker, M., Report of General Nursing Section, 700  
Baker, M., Training practical nurses, 407  
Baker, M., Wanted—leaders in the General Nursing Section, 405  
Baker, Madalene: 545, 788  
Baltzan, D. M., Internal medicine and the student nurse, 949  
Batson, M., Teamwork in the A.R.N.P.Q., 262  
Batson, M., Welcome to Montreal, 304  
Beacock, M., and Magee, K., A difficult case, 253

### Blood Transfusion:

Blood donor service in Halifax (Brown), 872  
Blood transfusion (Boyd), 388  
Blood transfusion in a gynaecological service (Wilson), 921  
Book Reviews: 47, 191, 261, 803  
Botsford, M., Planning a refresher course, 249  
Boyd, D. P., Blood transfusion, 388

- Bradley, H., Defunctioning transverse colon colostomy, 468  
 Brooke, A., Rendezvous, 62  
 Brown, F., A blood donor service in Halifax, 872  
 Brown, H., Health teaching, 39  
 Browne, J. E., Report of the national joint committee on the enrolment of nurses for war and emergency service, 711  
 Brownell, P., The point of view of the registrar, 44  
 Buck, Marjorie: 545, 787

Campbell, A. A., Acute otitis media, 167

Canadian Broadcasting Corporation:  
 Health notes by radio, 855  
 Over a national hook-up, 554

Canadian Nurses Association:

- Accelerated basic course: 925, 929  
 British Nurses Relief Fund: 34, 311, 475  
 British Nurses Relief Fund (contributions to): 35, 102, 175, 244, 311, 398, 475, 545, 791, 857, 940  
 Bursaries: 836, 856, 930  
 Committee (advisory) to Emergency Nursing Adviser, 928  
 Committee on award of bursaries (report of), 933  
 Committee on eight-hour duty: 171, 720  
 Committee on the enrolment of nurses for war and emergency service: 398, 711  
 Committee on exchange of nurses: 717, 927  
 Committee on health insurance and nursing service, 706, 927  
 Committee on history of nursing in Canada, 718, 927  
 Committee on nursing education: 171, 650  
 Committee on subsidiary nursing groups, 927  
 Committee on syllabus for training voluntary aid detachments: 172, 714  
 Distribution of registered nurses in Canada, 310  
 Emergency Nursing Adviser: 160, 239, 307, 393, 542, 636, 645, 648, 791, 926  
 Executive Secretary of the C. N. A. (report of), 725  
 General Meeting, 1942: 33, 101, 174, 243, 245, 304, 30, 397, 533, 545  
 Government grant committee, 930  
 Health notes by radio, 855  
 Membership, 174  
 Message from Australia, 790  
 Mobilization of health resources, 172  
 National voluntary war services advisory committee: 172, 713, 927  
 Nightingale Memorial Committee (report of), 722  
 Nightingale Memorial Fund (contribution to), 103  
 Notes from the National Office: 33, 101, 171, 243, 309, 397, 475, 545, 723, 789, 855, 927  
 Officers elected for the ensuing biennium: 540, 545, 787  
 President's address (Fairley), 612  
 Provincial Associations (activities of): 173, 174, 929, 931  
 Resolutions and recommendations adopted at the General Meeting, 1942, 723  
 War time permits, 929

Canadian Nurses Association (sections of):

- General Nursing Section (reports of): 172, 700, 931  
 Hospital and School of Nursing Section (reports of): 172, 698, 930  
 Public Health Section (reports of): 172, 688, 931

Canadian Red Cross Society:

- Appointment of consultant, 228  
 Appointment of nursing supervisor, 40



- Canadian Orthopaedic Unit for Scotland: 96, 239, 774  
 Courses in home nursing, 194  
 National joint committee on the enrolment of nurses for war and emergency service, 711

- Canadian Women's Army Corps (organization of), 22  
 Central dressing room (Irenaeus), 549  
 Chantal, Sister F., Some newer drugs, 177  
 Chittick, R., Modernizing the manual on home nursing, 661  
 Chittick, Rae: 545, 787  
 Chodat, I. R., Maintaining standards of public health nursing, 183  
 Christilaw, R. C., S.R.N.A. travelling exhibit, 782  
 Convery, B., Case study of treatment of haemolytic jaundice, 421  
 Creelman, L., and Kerr, M. E., Public health nurses in Canada, 42  
 Creelman, L., Supervision in public health nursing, 793  
 Creelman, Lyle: 545, 788  
 Cruickshank, F. D., The industrial nurse, 850  
 Cryderman, E., Educational aspects of the Toronto Health Service, 864

- Deacon, A. E., The treatment of poliomyelitis in the acute stage, 763  
 Defunctioning transverse colon colostomy (Bradley), 468  
 Delaney, W., Hospital adventures of a V.A.D., 846  
 Denniston, M. J., The head nurse as clinical teacher, 675  
 Denniston, M. J., The head nurse's share in ward teaching, 36  
 Destromp, L., Post-operative care of cleft palate, 477

#### Drugs:

- Chemotherapy with sulphonamide drugs (Wightman), 835  
 Illegal traffic in narcotic drugs (Shinbane), 847  
 Some newer drugs (Chantal), 177

- Earnshaw, M., With the Canadian Orthopaedic Unit for Scotland, 774

#### Editorials:

- Dedication, 301  
 Genius loci, 85  
 On Christmas day in the morning, 913  
 One having authority, 833  
 Sharing the task, 227  
 We go forward together, 159

- Ellis, K. W., Grace M. Fairley, 383  
 Ellis, K. W., Provisional council of University Schools and Departments of Nursing, 845  
 Ellis, K. W., Report of committee on eight-hour duty, 720

#### Emergency Nursing Adviser:

- Advisory committee to Emergency Nursing Adviser, 928  
 Forty-eight hours in Prince Edward Island (Ellis), 542  
 Interim report (Ellis), 926  
 New ways in wartime (Ellis), 160  
 Provinces go into action (Ellis), 239  
 Provinces set the pace (Ellis), 393  
 Publicity campaign (Ellis), 791  
 Report of associate Emergency Nursing Adviser (Giroux), 645  
 Report of the Emergency Nursing Adviser (Ellis), 636  
 Westward bound (Ellis), 307

- Emerson, B. A., and Stewart, E. I., Leaves from Alberta public health diaries, 775  
 Emmerton, M., The practical nurse and the registry, 486

- Fairley, G. M., Faith and courage, 15  
 Fairley, G. M., The President's address, 612  
 Fairley, G. M., Watch your price ceiling, 180  
 Fairley, Grace M., 383

Faith and courage (Fairley), 15  
 Fenton, A. Edith, 544  
 Fever therapy (Armour), 92

#### Financial Control:

Gasoline sale restrictions, 175  
 Income tax exemptions for private duty nurses, 802  
 Married nurses and income tax, 789  
 Participation of women's national organizations in price control, 34  
 Watch your price ceiling (Fairley), 180

Flander, M., and Parry, D., Nursing aspects of poliomyelitis, 767  
 Fowler, D., A good place to learn, 493  
 Fraudulent agents: 702, 863  
 Fundamentals of professional leadership (Lindeburgh), 375

#### General Duty Nursing:

General staff nurse (Lusted), 703  
 Plea for the general duty nurse (Lawrie), 409  
 Preparation for the general practice of nursing (Baker), 668  
 Word from the patient (Wainwright), 778

#### General Nursing Section of the Canadian Nurses Association:

Reports of: 172, 700  
 Special Page in Journal: 44, 253, 405, 485, 553, 778, 872  
 Wanted—leaders in the General Nursing Section (Baker), 405

Gibson, M., The Toronto committee on instruction, 943  
 Gibson, M., Uniformity in examinations for registration, 656  
 Gibson, Miriam: 545, 788  
 Gillespie, R. D., Psychoneurosis in time of war, 463  
 Girard, Alice, 794  
 Giroux, S., Report of associate Emergency Nursing Adviser, 645  
 Giroux, S., Albert, A., and Johns, E., Travaillons ensemble, 330  
 Glendinning, H., Nursing care of patients during fever therapy, 93  
 Godard, W. V., A comparison of health service in elementary and secondary schools, 859  
 Godbout, C., Une visite chez Jeanne Mance en 1672, 558  
 Graham, V., An experiment in recruiting, 783

#### Grant from the Federal Government:

Budget for 1943, 924  
 Government grant committee, 930  
 Grant from the Federal Government (Lindeburgh), 607  
 Response from the Federal Government (Lindeburgh), 543

#### Great Britain:

Afterthoughts of a medical mission to Great Britain (Penfield), 86  
 British Civil Nursing Reserve: 33, 101  
 Glory of this house, 97  
 Royal College of Nursing, 108

Grignon, M. R., and Olivier, M., Family health in Montreal, 109  
 Hall, G. M., Miss Martin makes a time study: 30, 99  
 Hall, G. M., Nursing service in small hospitals, 23  
 Harvey, I., and Street, M., Integration of health and community aspects in the basic course, 867  
 Hatherley, R. D. J., A word for the small school, 123

#### Health Insurance and Nursing Service:

Brief submitted to director of public health services, 709  
 Correction in brief on nursing service in relation to health insurance, 856  
 Health insurance and nursing service (Ahern), 706



Herman, Blanche, G., 781

#### History of Nursing:

Fifty years ago (Hutchison), 879

History of the first hospital in Montreal (Mondoux), 396

Jeanne Mance (Lefebvre), 164

Holder, J. M., The Canadian Dietetic Association, 392

Holt, M. K., Report of the exchange of nurses committee, 717

Homersham, C., A bright idea, 548

Hopkins, C., The professional nurse, 877

#### Hospital and School of Nursing Section of the Canadian Nurses Association:

Reports of: 172, 698

Special Page in Journal: 36, 107, 177, 247, 321, 409, 477, 549, 785, 867, 943

Howard, Ella Mae, 106

Huber, M. W., Speech correction for cleft palate patients, 479

Hutchison, A. E., Fifty years ago, 879

In praise of famous women (MacDonald), 629

#### International Council of Nurses:

International Council of Nurses: 173, 726

Nursing today—an adventure (Taylor), 614

Irenaeus, Sister M., A central dressing room, 549

Jenkins, M., Staff education, 671

Jenkins, Marjorie: 545, 787

Johns, E., Albert, A., and Giroux, S., Travaillons ensemble, 330

Johnson, J. M., In charge at night, 875

Jolly, H. M., A word to the registrar, 46

Jones, D. R., Fighting tuberculosis, 483

Jones, G., Standardization of procedures, 107

Jones, R. O., Psychiatric principles in nursing practice, 229

Jordison, E., Nursing in chest surgery, 17

Keddy, A., Nursing study of acoustic neuroma, 323

Kelley, H., Care of the skin of the newborn infant, 302

Kellogg, W. K., Foundation, 546

Kerr, M. E., Kla-How-Ya, Tillicum, 41

Kerr, M. E., and Creelman, L., Public health nurses in Canada, 42

Kerr, M. E., Report of Public Health Section, 688

Kerr, M. E., Report of studies of minimum requirements for employment in the field of public health nursing, 690

Kerr, M. E., Standards for admission to courses in public health nursing, 694

Kerr, M. E., Teaching material for first aid instruction, 661

Kilpatrick, H., Institute for public health workers, 499

Kloepfer, A. T., We go on the wards, 871

Knaggs, C., A case of anthrax, 553

Lawford, R., Student nurses at the R.N.A.O., 420

Lawrie, A. F., A plea for the general duty nurse, 409

Lefebvre, Sister D., The head nurse as clinical teacher, 662

Lefebvre, Sister D., In-service education, 565

Lefebvre, Sister D., Jeanne Mance, 164

Letters from Sweden (Lyster): 26, 117, 189, 254, 488, 555

Levenick, H., Nursing care in plastic surgery of the external genitalia, 785

Lindeburgh, M.: 540, 545

Lindeburgh, M., Fundamentals of professional leadership, 375

Lindeburgh, M., Grant from the Federal Government, 607

Lindeburgh, M., Important emergency measures, 923

Lindeburgh, M., Our national duty, 759

Lindeburgh, M., Response from the Federal Government, 543

Lindeburgh, M., Safeguards to nursing—present and future, 650  
 Locke, Helen, 769  
 Lusted, H. J., The general staff nurse, 703  
 Lyster, E., Letters from Sweden: 26, 117, 189, 254, 488, 555

MacDonald, M., In praise of famous women, 629  
 Macfarland, M., The head nurse as clinical teacher, 679  
 Macfarland, Mary Elizabeth, 408  
 Mackenzie, N., Administrative problem, 663  
 Mackenzie, Norena, 40  
 MacRae, Dorothy, 476  
 Magee, K., and Beacock, M., A difficult case, 253  
 Mallory, E., Ward aides and helpers, 715  
 Martin, J. E., The lamp of learning, 315  
 Martineau, A., Rapport de la section d'hygiène publique, 696  
 Mathewson, M. S., E. Frances Upton, 386  
 Mathewson, M.S., New president of the C.N.A., 540  
 Mathewson, M. S., Report of the committee on history of nursing in Canada, 718  
 Mathewson, M. S., Summary of the report of the Emergency Nursing Adviser, 648  
 McDiarmid, I., In memory of Cory Mabel Taylor, 798  
 McDowell, E. M., Health—an experience for all, 251  
 McInnis, M. J., Nursing care in acute otitis media, 169  
 McKee, E. Muriel, 946  
 McLimont, M., Canada goes to South Africa, 914  
 McPhedran, Eleanor, 385

Medals make magic (Naylor), 104  
 Memorial service for nurses, 171  
 Metropolitan Nursing Service: 124, 196, 263, 404, 562, 735, 800, 884, 963  
 Military Nursing Service: see Royal Canadian Army Medical Corps Nursing Service  
 Mingie, S., Nursing care in colostomy, 259  
 Mondoux, Rev. Soeur, History of the first hospital in Montreal, 396  
 Munroe, F., Eleanor McPhedran, 385  
 Munroe, F., Report of bursary award committee, 933  
 Munroe, F., Report of the national voluntary war services advisory committee, 713  
 Munroe, Fanny: 545, 787  
 Myers, M., Correlation of classroom teaching and clinical experience, 686  
 Myers, M., Our unique resources, 247  
 National Selective Service, 925

Naval Nursing Service: see Royal Canadian Naval Nursing Service  
 Naylor, E., Medals make magic, 104  
 Neill, Agnes: 472, 781

#### Newfoundland:

Day's work in Newfoundland (Abernethy), 487  
 Newfoundland: 61, 277, 348, 438, 487, 841  
 Well, but busy (Squires), 841  
 News Notes: 52, 125, 197, 268, 340, 428, 500, 572, 736, 808, 886, 955

#### Nursing Care:

Care of the skin of the newborn infant (Kelley), 302  
 Difficult case (Magee and Beacock), 253  
 Nursing in chest surgery (Jordison), 17  
**Nursing care in acute otitis media** (McInnis), 169  
 Nursing care in plastic surgery of the external genitalia (Levenick), 785  
 Nursing care of fractures (Ward and Robson), 233  
 Nursing care of patients during fever therapy (Glendinning), 93  
 Nursing care of patients undergoing chemotherapy (Bailey), 837  
 Post-operative care of cleft palate (Destromp), 477

#### Nursing Education:

Accelerated basic course: 925, 929  
 Administrative problem (Mackenzie), 663



Clinical teaching and supervision (Wilson), 666  
 Correlation of classroom teaching and clinical experience (Alder), 684  
 Correlation of classroom teaching and clinical experience (Myers), 686  
 Experiment in recruiting (Graham), 783  
 Head nurse as clinical teacher (Albert), 681  
 Head nurse as clinical teacher (Denniston), 675  
 Head nurse as clinical teacher (Lefebvre), 682  
 Head nurse as clinical teacher (Macfarland), 679  
 Head nurse's share in ward teaching (Denniston), 36  
 Health teaching (Brown), 39  
 In-service education (Lefebvre), 565  
 Integration of health and community aspects in the basic course (Street and Harvey), 867  
 Internal medicine and the student nurse (Baltzan), 949  
 Miss Martin makes a time study (Hall): 30, 99  
 Motion and time study (Waugh), 321  
 Our unique resources (Myers), 247  
 Planning a refresher course (Botsford), 249  
 School of nursing records (Thompson), 654  
 Staff education (Jenkins), 671  
 Standardization of procedures (Jones), 107  
 Teaching material for first aid instruction (Kerr), 661  
 Toronto committee on instruction (Gibson), 943  
 Word for the small school (Hatherley), 123

#### Nursing Service:

Bright idea (Homersham), 548  
 Nursing service in small hospitals (Hall), 23

#### Nutrition:

Canadian Dietetic Association (Holder), 392  
 Food in a nation at war (Pepper), 771

#### Obituaries:

Aitken, Annie, 399  
 Armstrong, Catherine, 181  
 Baillie, Ann: 181, 327  
 Banfill, Mrs. S. Martin, 482  
 Bruce, Louisa Eastwood, 322  
 Colquhoun, Martha, 482  
 Crossley, Emily Helen, 122  
 Dunlop, Henrietta, 250  
 Ellis, Mrs. Gordon, 799  
 Ellis, Mrs. O. E., 322  
 Fenton, Helen, 940  
 Goodson, Louise Brent, 103  
 Heyer, Mary Cobbe, 181  
 Hillcoat, Annie, 799  
 Hoffmeyer, Mrs. Lorne, 799  
 Honey, Gertrude, 122  
 Howden, Mrs. Gordon, 38  
 Ironside, Mrs. Mary Rutherford, 122  
 LaTrace, Edna Mary, 482  
 Londeau, Josephine, 250  
 Macdonald, Mrs. John, 800  
 MacGregor, Jessie, 800  
 MacKenzie, Jean, 411  
 Moore, Gwyneth, 122  
 Nunn, Mary, 940  
 Robillard, Mrs. Henry J., 800  
 Rothery, Esther Augusta, 878  
 Taylor, Audrey, 322  
 Taylor, Cory Mabel, 798

Wilson, Henrietta, 482

O'Connor, A., Bromide intoxication, 49

Off Duty: 134, 206, 278, 350, 582, 814, 964

Official Directory: 63, 135, 207, 279, 351, 439, 511, 583, 739, 815, 891, 965

Olivier, M., and Grignon, M. R., Family health in Montreal, 109

Ontario Public Health Nursing Service: 124, 196, 264, 423, 568, 734, 885

Our national duty (Lindeburgh), 759

Overseas Mail: 238, 329, 418

Overseas Nursing Sisters Association News Letter: 52, 123, 171, 193, 319, 497, 568

Parry, D., and Flander, M., Nursing aspects of poliomyelitis, 767

Penfield, W., Afterthoughts of a medical mission to Great Britain, 86

Penhale, Helen Eileen, 866

Pepper, L. C., Food in a nation at war, 771

Plain talk from Manitoba (Wilson), 843

#### Poliomyelitis:

Nursing aspects of poliomyelitis (Parry and Flander), 767

Treatment of poliomyelitis in the acute stage (Deacon), 763

#### Post-Graduate Education:

Bursaries: 855, 930

If I had only known (Williamson), 609

Post-graduate clinical experience (Anderson), 659

Post-graduate courses offered by the Royal Victoria Hospital, 260

Refresher courses: 51, 170, 249, 260, 262, 326, 419, 499, 793, 871, 945

#### Provincial Associations of Registered Nurses:

Alberta: 313, 728, 929, 931; British Columbia: 173, 412, 495, 729, 929, 931, 945; Manitoba: 173, 413, 729, 843, 929, 932; New Brunswick: 729, 858, 929, 932; Nova Scotia: 173, 561, 730, 929, 932; Ontario: 173, 416, 420, 730, 929, 930, 932; Prince Edward Island: 48, 542, 731, 929, 932; Quebec: 173, 262, 266, 498, 731, 929, 932; Saskatchewan: 174, 312, 419, 491, 731, 782, 929, 932.

#### Psychiatry:

Psychiatric principles in nursing practice (Jones), 229

Psychoneurosis in time of war (Gillespie), 463

#### Public Health:

Comparison of health service in elementary and secondary schools (Godard), 839

Family health in Montreal (Grignon and Olivier), 109

Fighting tuberculosis (Jones), 483

Health—an experience for all (McDowell), 251

Health education in the Regina Normal School (Smith), 941

Lamp of learning (Martin), 315

Maternal welfare and the maternity grant (Simpson), 400

#### Public Health Nursing:

Educational aspects of the Toronto Health Service (Cryderman), 864

Industrial nurse (Cruikshank), 850

Industrial nursing (Snedden), 185

Institute for public health workers (Kilpatrick), 499

Leaves from Alberta public health diaries (Emerson and Stewart), 775

Maintaining standards of public health nursing (Chodat), 183

Public health nurses in Canada (Kerr and Creelman), 42

Public health nursing in wartime (Walker), 551

Standards for admission to courses in public health nursing (Kerr), 694

Supervision in public health nursing (Creelman), 793



## Public Health Section of the Canadian Nurses Association:

Kla-How-Ya, Tillicum (Kerr), 41

Reports of: 172, 688

Special Page in Journal: 41, 109, 183, 251, 315, 400, 483, 551, 775, 859, 941

Studies of minimum requirements for employment in the field of public health nursing (Kerr) 690

Reader's Guide: 12, 82, 156, 224, 298, 372, 460, 530, 604, 756, 830, 910

## Registration:

Reciprocal registration, 790

Uniformity in examinations for registration (Gibson), 656

## Registries:

Point of view of the registrar (Brownell), 44

Practical nurse and the registry (Emmertson), 486

Registry for doctors and nurses (Roshier), 485

Word to the registrar (Jolly), 46

Rendezvous (Brooke), 62

Roberts, Emma, 484

Robson, E., and Ward, M., Nursing care of fractures, 233

Roshier, F. W., A registry for doctors and nurses, 485

## Royal Canadian Army Medical Corps Nursing Service:

R.C.A.M.C. Nursing Service, 781

R.C.A.M.C. Nursing Service (appointments to): 32, 472, 476, 781

R.C.A.M.C. Nursing Sisters on duty in Hong Kong: 32, 398

R.C.A.M.C. Nursing Sisters on duty in South Africa: 95, 179, 238, 244, 310, 328, 473, 879, 914

## Royal Canadian Naval Nursing Service:

Appointments to Royal Canadian Naval Nursing Service: 95, 176

Nursing Sister Agnes W. Wilkie: 834, 938

Rundle, M., Autumn comes in Aklavik, 838

Russell, K., The significance of the joint conference, 633

Russell, Kathleen, 228

Safeguards to nursing—present and future (Lindeburgh), 650

## St. John Ambulance Association:

Appointment of A. Edith Fenton, 544

Modernizing the manual on home nursing (Chittick), 661

Samuel, Mary, 257

Sanderson, K. I., Report of Nightingale Memorial Committee, 722

## Schools of Nursing and Departments of Nursing in Universities:

Ecole d'Infirmières Hygiénistes, 794

Provisional council of university schools and departments of nursing: 789, 845

School for Graduate Nurses, McGill University: 51, 326, 496, 600, 881

School of Nursing, University of Toronto: 170, 260

Significance of the joint conference (Russell), 633

University of British Columbia, Department of Nursing, 793

Schroeder, E., and Wilson, R., A hospital afloat, 121

Sharpe, Gladys: 311, 473

Shinbane, A. M., The illegal traffic in narcotic drugs, 847

Simpson, R. M., Maternal welfare and the maternity grant, 400

Sleigh, K., Pathological conditions of the breast, 563

Smellie, Elizabeth L.: 22, 471, 781, 963

Smith, E., Health education in the Regina Normal School, 941

Snedden, H., Industrial nursing, 185

Snively medal awards, 382

## South Africa:

- Royal Canadian Army Medical Corps Nursing Sisters on duty in South Africa: 95  
 179, 238, 244, 310, 328, 473, 879, 914  
 Speech correction for cleft palate patients (Huber), 479  
 Squires, S., Well, but busy, 841  
 Stewart, E. I., and Emerson, B. A., Leaves from Alberta public health diaries, 775  
 Stewart, K., At work in an Indian school, 115  
 Stimson, J. C., The role of American nurses in winning the war, 623  
 Street, M., and Harvey, L., Integration of health and community aspects in the basic course, 867

## Student Nurses Page:

- Bromide intoxication (O'Connor), 49  
 Case study of treatment of haemolytic jaundice (Convery), 421  
 Good place to learn (Fowler), 493  
 Hospital afloat (Schroeder and Wilson), 121  
 In charge at night (Johnson), 875  
 Nursing care in colostomy (Mingie), 259  
 Nursing study of acoustic neuroma (Keddy), 323  
 Pathological conditions of the breast (Sleigh), 563  
 Professional nurse (Hopkins), 877  
 Puerperal thrombosis, 947  
 Sheila Ann makes her debut (Switzer), 795  
 Week with the Hospital Health Service (Watson), 187

## Subsidiary Worker:

- Training practical nurses (Baker), 407  
 Ward aides and helpers (Mallory), 715  
 Switzer, G., Sheila Ann makes her debut, 795

- Taylor, E. J., Nursing today—an adventure, 614  
 Thompson, R., School of nursing records, 654

## United States of America:

- How the federal grant is used in the U.S.A., 935  
 Role of American nurses in winning the war (Stimson), 623

Upton, E. Frances, 386

Vale, Clara B., 182

Victorian Order of Nurses for Canada: 51, 120, 195, 265, 338, 404, 484, 552, 732, 788, 882, 952

## Voluntary Aid Detachments:

- Committee on syllabus for training voluntary aid detachments: 172, 714  
 Hospital adventures of a V.A.D. (Delaney), 846  
 Short course for the V.A.D., 309

- Wainwright, E., A word from the patient, 778  
 Walker, M. I., Public health nursing in wartime, 551  
 Ward, M., and Robson, E., Nursing care of fractures, 233  
 Waterman, Olive, 548  
 Watson, R., A week with the Hospital Health Service, 187  
 Waugh, F., Motion and time study, 321  
 Wightman, K. J. R., Chemotherapy with sulphonamide drugs, 835  
 Williamson, C. E., If I had only known, 609  
 Wilson, E. J., Plain talk from Manitoba, 843  
 Wilson, G., Blood transfusion in a gynaecological service, 921  
 Wilson, J. S., Report of the executive secretary of the C.N.A., 725  
 Wilson, M. J., Clinical teaching and supervision, 666  
 Wilson, R., and Schroeder, E., A hospital afloat, 121





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